Lectures
ON THE
CLINICAL USES OF ELECTRICITY.

Delivered in University College Hospital,

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LECTURE II.—PART II.

IV. Diagnostic uses of Electricity continued. (*C*) *Diagnosis of locality of disease.* 1. *Irritability normal.* 2. *Irritability increased.* 3. *Irritability diminished:* (*a*) *in cerebral disease; effects of disuse;* (*b*) *in spinal disease;* (*c*) *in disease of nerve;* (*d*) *in disease of muscle;* (*e*) *in disease of blood.*

(*C*) Now we have to consider in detail some of the diagnostic uses of electricity.

1. If the contractility of a paralysed muscle is normal, you may infer this: that it retains its normal relationship to the spinal cord; or, in other words, that the spinal cord, in the particular region at which the nerve of that muscle is given off, is not diseased; and that the nerve between the spinal cord and the muscle is not damaged. The cord may be diseased, so that its conducting power is abolished; or the brain may be diseased, so that the will is separated from the muscle that is paralysed; but that muscle, although paralysed, still maintains its normal relationship to the segment of the cord from which its nerves arise, and that segment of the cord retains its central functions.

2. If you find the contractility of the paralysed muscle to be increased, you may infer the same things, but also something more—viz., that there is present an increased irritability of either the spinal cord or brain, commonly due to some increased vascularity of one or the other of those organs. Take, for example, a case of hæmorrhage into the brain. Sometimes immediately after an attack of hæmorrhage, if you are rash enough to perform the experiment with electricity, you may find that the irritability of all the muscles of the body is diminished, the patient is in a state of more or less marked shock or collapse. After a little time—a few hours or two or three days—you will find no difference between the muscles of the paralysed side and the healthy side; they are just alike so far as their electric contractility is concerned. But in a few days more you may find that the muscles on the paralysed side act to a lower current than those on the healthy side—i.e., that they are more irritable; and you find this change in them coincident with some headache, giddiness, heat of head, and often with a little tendency to clonic spasm or rigidity in the paralysed limb. In this case the increase of irritability is, I believe, due to the hyperæmia that sometimes follows such cerebral accidents as hæmorrhage, embolism, or the breaking down of a few nerve-fibres from softening. I do not think that electricity will help you further than this with regard to the diagnosis of cerebral disease. My own observations on this special point have led me to the conclusion that the increase of irritability of paralysed limbs in cerebral disease is not dependent on the mere locality of the disease—i.e., on the simple fact that the disease is cerebral; that it is not dependent on the time that the disease has lasted; nor on the degree of paralysis present—i.e., whether the muscles are completely immovable by the will or not; that it is not dependent on the extent of paralysis—i.e., whether the whole limb is paralysed or only a portion of the limb; that it is not dependent on the presence or absence of sensation in the limb; and that it is not dependent on the presence or absence of spasmodic contraction in the muscles. All these may be eliminated as either necessary or constant conditions of the excess of irritability. But when the excess of irritability is present, you often find tonic or clonic contraction of the muscles, and, associated with that, a little headache or heat of head, and the other symptoms I mentioned of increased vascularity in the brain-tissue or in its membranes.

The other condition which may lead to increased irritability of a paralysed muscle is that which you meet with in some diseases of the spinal cord, such as hæmorrhage, inflammation, sclerosis, or tumour. For instance, when disease is situated in the upper part of the cord, there may be complete loss of contractility in the muscles connected with that part, but an augmented irritability in the muscles lower down. Myelitis, or a tumour pressing upon the cord above, may set up a certain amount of irritation, or increased vascularity in the cord or its membranes below; and this leads to an increase in the electric irritability in those muscles connected with the lower portion of the cord. At the same time, you often meet with spasmodic movements, an increase of reflex irritability on tickling the soles of the feet, and an increased contractility on percussion. This condition is not permanent, for usually disease extends downwards, and the contractility eventually becomes impaired.

Sometimes the muscles which have ceased to respond to faradisation exhibit energetic contraction when galvanised. To this condition I shall recur immediately. The electric contractility of muscles is sometimes found to be increased when there is no paralysis in the strict sense of the word; but when there is some weakness associated with, and apparently dependent upon, pain. In the early period of so-called "locomotor ataxy" there is often an exaggeration of electric contractility, and a similar condition may be observed at the commencement of paralysis agitans. In hysterical paralysis, also, the irritability may be either normal or increased.

3. We now come to the consideration of those cases in which the electric contractility is diminished. Several conditions may lead to this diminution. The brain may be diseased, or damaged in such a way that paralysis shall occur, and that eventually the contractility of the muscles shall be diminished. There may be disease in the spinal cord which shall lead to this change very rapidly,—there may be disease in the nerve which shall induce it almost immediately,—the muscle may be in an altered state of nutrition,—or, lastly, the blood of the patient may be altered by some toxic agent, so that the electric irritability of nerve-centres, nerves, and muscles is reduced. Electricity may, to a certain extent, help you in distinguishing between these several conditions.

(*a*) When you find, as the result of cerebral hæmorrhage, softening, or tumour, that the irritability of the muscles is diminished, the usual explanation is this: that the muscle has lost the whole or part of its irritability from disuse, which may or may not be accompanied by wasting. When this is the case, a few applications of electricity, repeated at tolerably short intervals, will put the muscles into precisely the same state as the muscles on the healthy side, so far as electric irritability is concerned. You bring them into action, and you improve their nutrition. After two or three applications of galvanism or faradisation—it does not matter which,—the muscles will flicker about as readily as those on the opposite side; but you may go on till doomsday in these cases and not produce the smallest improvement in the paralysis: the muscle does not resume its relation to the will. You simply recall the electric irritability which was in abeyance from disuse. When you cease your applications, you find the patient can move his arm no better; and in a few weeks the muscle again is wasted a little from disuse, and has become somewhat diminished in its electric irritability. When you find that, after several applications of electricity to the limbs that have been paralysed by cerebral disease, there is no restoration of the contractility of muscles, you are warranted in inferring that disease has extended downwards to the spinal cord.

(*b*) When the cord itself is diseased, and there is loss of electric contractility, you may find precisely the same relations to disuse; but you may find, in other cases, that there is loss of power and diminution of electric irritability, which are not due to simple inaction, but to true "spinal paralysis." In these latter cases a few applications of electricity effect no change; but if you go on systematically with galvanism, and attend to the general health, you may, after many months of treatment, find that there is some improvement, or even a cure. It is probable that, in these cases, the stimulation of the peripheral ends of the muscular nerves may have some reflex influence on the nutrition of the cord, and may assist in the general process of repair;

but when the cord is disorganised, and the paralysis and loss of electric contractility are complete, you can do no good by continued applications. By electricity, therefore, you may speedily decide as to how much of the paralysis is due to disuse; and you may distinguish merely impaired nutrition from actual disorganisation of the spinal cord.

(c) The third condition of diminished contractility that I spoke of is, that in which the nerve is damaged between the cord and the muscle from injury, wound, or disease. The most common form in which this direct injury to a nerve is seen is in the case of "facial paralysis," arising from disease set up in the ear, or in its neighbourhood. You there get the features of true "spinal paralysis" of the muscles supplied by that nerve, just as well marked as if you had divided a nerve in the arm, and had produced paralysis of the hand. You find a loss of electric contractility, or a diminution, in direct proportion to the amount of damage done. If the nerve be pressed upon slightly, there will be a certain amount of power left in the muscle, and there will be a certain amount of contractility retained; but if the nerve be cut across, or so far injured or pressed upon that the will cannot influence the muscles, no trace of electric contractility remains. This loss of electric contractility occurs within a few hours after a sudden lesion, but it is gradual in the cases of disease where the interruption of voluntary power is slowly induced. The loss may be partial or complete, and then you get a partial or complete loss of electric contractility—a loss which you cannot restore. You may apply galvanism time after time, but you cannot restore to the muscle the irritability that it has lost, when that loss depends on division of, or irremediable damage to, the nerve. But in certain complex cases, and almost all cases are complex, you may do some good by electricity. For example, a person may have had some disease in the temporal bone, and may have been paralysed on one side of his face, almost completely. You apply electricity to it, and you find perhaps that there is the slightest flicker of contractility about the muscles of the eyelid and the angle of the mouth. Under such circumstances, continuing the application, you may find that the condition is improved up to a certain point. The eye, which was wide open, is more closely approximated by the lower lid, and there is less irritation from dust; but you do not cure the case, and you often find that further applications of electricity do no good. Here, I take it, the condition is analogous to that which I described just now as depending on cerebral or spinal disease. The muscle has become weakened from disuse; it has not altogether lost its function, but it has lost it in great measure. From the shock of the accident, or from disease, it may have been placed at once beyond the power of the will, and its subsequent disuse has brought about changes in its nutrition. The paralysis would be permanent if the case were left to itself; but you may remove all that was due to disuse, and so, by electricity, sometimes place a patient in much pleasanter circumstances than those he was in before. A few applications of electricity will enable you to decide this question—how much of the paralysis is due to disease, and how much to disuse? I remember a man, paralysed on one side of his face for seven years before I saw him, in consequence of disease in the external ear and parotid gland, which had been set up when he was in Australia. His mouth was excessively deformed. The eye on the same side was always wide open, and he had to wear a big glass to conceal the deformity, and also to protect the eye. A few applications of faradisation brought the edge of the lower lid just into contact with the eyeball, but he was never able to close the eye. Another thing which faradisation enabled him to do was to whistle—an accomplishment which, by his paralysis, he had lost; and as he was going out into the wilds of Australia again, it was, as he said, a great luxury for him to be able to whistle when alone. He was, I think, more grateful for the restoration of his whistling power than even for having the dust kept out of his eye!

(d) Sometimes the loss of electric contractility is due to a change in the muscular tissue which may occur primarily: for example, there are cases of wasting and paralysis due to simple exposure to cold, such as certain examples of facial paralysis, some cases of so-called "essential paralysis" in children or adults, and also muscular palsy, the result of blood-poisoning. Cases of "essential paralysis" in the child may, I think, be split up into two great groups. There is one which depends upon spinal disease—of which I am not, at this moment, going to speak to you,—but there is another, to which I wish you to direct your attention for a few moments, which comes on from exposure to cold: as, for example, when a child sits down on a cold doorstep, gets cold, and you find one of its lower limbs paralysed. A similar accident happens when a man sits in a railway carriage, and the wind blows upon his face, and one side of his face becomes paralysed; or when he lies under a hedge, and sleeps there all night, and in the morning finds that one of his arms—that one which lay upon the wet grass—is paralysed. In these cases you find that a group of muscles is affected in a particular locality, and often that this paralysis bears no relation to any particular nerve or branch of nerve; the lower part of a limb may be paralysed, and not the upper, or *vice versâ*; the middle part of a limb may be paralysed, and the rest may escape. You often get some paralysis of the glutei and the muscles of the thigh, while the muscles of the foot are all left intact. You may sometimes find that the deltoid is paralysed, and that there is loss of power of moving the arm backwards and forwards, or inwards and outwards, and yet that the hand retains its power. You may find that the muscles about the elbow are paralysed, while those of the shoulder and of the hand are unaffected; and in all these cases there is loss or diminution of electric contractility. I do not believe that paralysis of this distribution ever occurs as the result of central disease of the nervous system. In central disease the distribution of paralysis is such that the disease shows itself the most distinctly in the extremities—i. e., at the distal ends of limbs; you find numbness at the tips of the fingers, and not over the shoulder; loss of power in the fingers, and not in the deltoid. Further, when the whole of a limb is paralysed from central disease, the order of improvement is definite: for example, in the upper extremity, the first place in which power returns is in the shoulder, then in the arm, and then in the hand. In this muscular paralysis, which may come on from some change in the nutrition of the muscle itself, you find an irregular distribution of the paralysis, and an irregularity in the order of cure. The loss of electric irritability is also irregular, and this may aid you in diagnosis. In these cases, when the muscles are primarily affected so as to produce paralysis, the curious condition may often be noticed, that the irritability to a slowly interrupted galvanic current is sometimes distinctly increased; it is greater than that which you find in a healthy limb. But you will find that if you interrupt that current rapidly, the contraction is very much less than that of the healthy limb; and if you take a faradisation machine, you may find that the irritability is completely extinct; the muscles, in this state, will not respond in the smallest degree, even to a very high power. In facial paralysis from exposure to cold, in the paralysis from lead, in that of the limbs arising from cold, and also in some anomalous cases of atrophic paralysis of limbs, the precise nature of which I do not think we can state at the present moment,—in all these this peculiar relationship may be noticed. Observe, again, what it is. To faradisation the muscles act not at all, or much more feebly than they should do. The rapidly interrupted galvanic current exhibits precisely the same thing; but if you very slowly interrupt the galvanic current, they exhibit a greater amount of irritability than do the healthy muscles. The first of these positions was made out by several observers at about the same time; but the second—that with regard to the rapid interruption of the battery current—was what we have observed in this hospital. You can immediately alter the relation of the muscle to the galvanic current by a more rapid interruption; galvanism then produces no effect at all, although it will act perfectly on those muscles of the patient which are not paralysed, and, as many of you have seen, upon your own. This form of disease seems to place the muscles in precisely the same relationship to the rapidly intermitted galvanic current as to faradisation; but the fact which I do not think has yet received an explanation is this: that the muscles, in this curious condition, are over-sensitive to the galvanic current when it is interrupted slowly. The explanation may be difficult; but the fact is clear enough. When the irritability of a muscle is diminished to galvanisation as well as to faradisation, you have some disease present which is dif-

ferent from that I am describing. You will find such cases very difficult to cure; whereas, in the treatment of the former class, the application of slowly interrupted galvanism is rapidly and notably useful, and displays an interesting physiological fact—viz., the gradual reduction of the over-sensitiveness of the muscle to that slowly interrupted galvanisation, and the gradual return of contractility to faradisation and rapidly interrupted galvanism. To-day, for example, the muscles will act to five cells of Elliott's battery, and will not respond to a strong current from Stöhrer's; but next week you will find that you require ten or fifteen of the former to produce any result, and that a much lower degree of the latter will induce some flickering contraction. You go on for another week, and you have to employ a still larger number of cells to produce the same result, and at last you find the muscle in the same condition as the healthy one; and then you find that it has regained its ordinary state to faradisation. This has been seen so often, in cases of lead paralysis as well as in those which are due to cold, that there is no doubt about the fact, whatever may be its explanation; the over-sensitiveness to the battery current is gradually reduced by the application of that current, and the loss of sensitiveness to faradisation is gradually brought back as you employ slowly interrupted galvanisation.

(e) Lastly, the electric contractility is diminished by certain changes in the blood—such as anæmia, chlorosis, and opium poisoning. Here the diminution is moderate in degree, but general in its distribution, is little or not at all influenced by electric applications, and is removed only by the improvement of the general health or the elimination of the poison.

LIGATURE OF THE FEMORAL ARTERY WITH CATGUT LIGATURE DRESSED WITH CARBOLIC ACID.

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THE treatment of popliteal aneurism by ligature of the femoral artery in Scarpa's space by the ordinary method is so simple, safe, and effectual, that little is left to be desired in the way of improvement; but ligature of the larger vessels nearer the trunk of the body has so often proved fatal from secondary hæmorrhage that some plan for obviating the risk is much to be desired. Acupressure cannot be applied to the deeper vessels without leaving a communication with the atmosphere, which is apt to produce at the bottom of a wound inflammation and suppuration; but the use of a ligature which can be cut short and left with impunity to be matted among the tissues, if generally applicable, seems to offer a plan by which the danger above alluded to might be avoided. With the view of determining to my own satisfaction, and under the observation of the clinical students, whether the use of a catgut ligature and carbolic acid dressings, as first practised by Mr. Lister, would prove as effectual in my hands as it did in his, I resolved to manage the following case in that way, being satisfied that, in the event of such a mischance as happened in Professor Spence's case, I could easily remedy it by applying a ligature to the femoral higher up, or to the external iliac. The case is drawn up from notes by Mr. Henry E. Clark, my house-surgeon, who gave the most minute attention to the details of the after-treatment.

Patrick B——, aged thirty-six, a labourer, was admitted Feb. 11th, 1870. He first noticed a slight swelling in the popliteal space about twelve months since. He is not aware of any stress or blow received about the part, but ascribes it to working in damp clothes about buildings, he being a mason's labourer. He states that since 1st January it has increased in size very fast, and has become rather painful, more especially in cold and wet weather. At the time of admission the tumour was of considerable size, the girth of the leg at the knee being 14 inches. The pulsation was very marked, and its excentric nature very apparent. On application of the stethoscope a very characteristic murmur was heard, having, however, a somewhat vibratory character. The pulsation ceased when firm pressure was made on the femoral artery, but immediately returned when this pressure was removed. The common femoral at the groin was hard and resistent, and was easily felt even by simply drawing the hand over the skin. He was ordered a tablespoonful of the following mixture four times a day:—Tincture of digitalis, half an ounce; tincture of opium, three drachms; water to eight ounces.

Feb. 16th.—The operation was performed at 8.45 A.M. Before commencing, all the instruments were steeped in a solution of carbolic acid in water, in the proportion of one to forty, and the sponges were throughout treated with a like solution. In consequence of the position and large size of the internal saphena vein, it was found necessary to make the incision about half an inch to the outer side of the ordinary line, and, as a consequence, it was found requisite to retract the sartorius with blunt hooks, in order to get to the inner side of that muscle. A little dissection, partly with the handle of the knife, soon brought the sheath of the artery into view. This was carefully taken up and cut in the usual way, and the artery exposed. The aneurism needle, unarmed, was now passed beneath the artery. Next a strong catgut ligature was passed through the eye of the needle, and was drawn through and tied in the usual manner, the ends being cut short. The ligature used was strong and thoroughly antiseptic, and was sent to me by Professor Lister, under whose supervision it was prepared. Immediately prior to being used it was steeped in a solution of carbolic acid in oil, in the proportion of one to twenty. The wound was next completely injected with watery solution of carbolic acid (one to forty), and silk stitches, steeped in a like solution, were introduced into the edges of the wound. These were not drawn together, but were left long, the wound being allowed to gape. Finally the wound was covered with copal plaster, four inches by four, and over this was placed a piece of lac plaster, six inches by six, and a cotton bandage equably applied. The patient was placed in bed immediately after the operation, and his leg swathed in cotton wool and a flannel bandage.

17th.—Measurement over patella 14¼ inches. Heat of leg and foot returning. Dressing removed under a stream of watery solution of carbolic acid, and the edges of the wound brought into apposition by tying the four silk sutures. Fresh antiseptic dressing was applied, consisting of copal plaster six inches square, covered by lac plaster eight inches square. A thin blood-clot occupied the lower part of the wound, which was left untouched.

18th.—Heat of leg about normal; pain has entirely disappeared; and the edges of the wound are nicely together, except a very slight separation just at the lower end. No discharge. Dressing repeated, oiled silk protective being used instead of copal as before.

19th.—Pulse 90. Slept well without an opiate. Complains of a little pain in the great toe. Measurement at same spot as before, 14 inches. Heat of leg good. A few drops of sero-sanguineous discharge had escaped from the upper edge of the dressing, but this had no bad odour, and was not in the slightest degree purulent. Wound closed, except at the lower end, where (as beforesaid) the lips were not quite brought into apposition. No appearance of inflammation of any kind. Dressings reapplied as before.

20th.—Dressed by Mr. Clark, house-surgeon. Slight serous discharge upon the dressings, but without any taint or smell. The wound is not inflamed or red, and shows no tendency to suppuration. Measurement as before, 14 in. Pulse good, 80. Patient has no pain, and is in perfectly good health. Heat of leg good. Dressing reapplied, two layers of lac plaster being used, instead of one.

21st.—Measurement same as before, 14 inches. Slight serous discharge, but no pus. Dressed as before. Heat of leg good. Slight pain above patella and in big toe. Patient in perfectly good health.

22nd.—Stitches removed, but edges of wound not united. No trace of suppuration or sign of inflammation. Slight serous discharge with no odour. Still no pulsation in the tumour, but it is to the touch a little soft.—*Note.* "On the evening of the 18th the patient, in spite of all warning, got out of bed and used the nightstool. This he has not

repeated, but always manifests an impatience of rest and quiet."

23rd.—No trace of suppuration, but a small quantity of lymph was found in a coagulated state filling up the wound. The edges of the wound were separated, but showed no inflammatory tendency. No return of pulsation in the tumour, and no softening.

24th.—Rather more discharge than yesterday, but not purulent.

26th.—Discharge copious, but without any taint. No trace of suppuration. Measurement, in same spot as before, 13¼ inches. Patient keeps in excellent health. No return of pulsation in tumour. Wound cleaner, but edges are wide apart. Dressed by Mr. Clark.

28th.—Wound healthy; discharge less.

March 11th.—Granulations have now completely filled up the wound and are closing in, but the dressing has caused some irritation and excoriation of surrounding skin.

15th.—As the carbolic dressing was found too irritating, the wound was dressed with simple ointment. To have two ounces of brandy per day.

16th.—On removing the dressing it was found that pus had formed; but, as the wound appeared to be healing up very fast, I ordered the simple ointment to be continued.

31st.—Wound nearly cicatrised, and patient quite well. The aneurism is now converted into a small hard tumour.

Remarks.—It will be observed that the time occupied by the process of granulation and cicatrisation was considerable—over six weeks; but during all that time there was not a drop of pus nor a trace of inflammatory action. I always most carefully examined the few drops of discharge, with the view of detecting pus if it were present, and of discovering anything which I could take for shreds of catgut; but I am bound to say that throughout there was no appearance of either. When I found that the superficial granulations were sluggish under the carbolic plaster, I dressed them with lint and simple ointment, and the next day there was undoubted pus, but the granulating surface rapidly cicatrised.

There is no question that under the favourable circumstances above detailed the plan described has yielded a very fortunate result.

On a former occasion I ligatured the femoral artery with a silk thread steeped in carbolic acid, the ends being cut short, and the wound dressed most carefully with carbolic acid and oil, and over all a large dressing of putty imbued with carbolic acid. But the result was very different from what is here described; for, although the patient ultimately made a most excellent recovery, I never saw such profuse suppuration from such a limited wound as that which I made.

It appears, then, that the success of this as of any other plan of treating wounds depends on attention to the most minute details, and perhaps on the constitution of the patient, to an extent which is apt to be overlooked when the interest is concentrated on the management of the local wound or disease.

Bath-street, Glasgow, April, 1870.

ON A PURELY MILK DIET IN THE TREATMENT OF DIABETES MELLITUS, BRIGHT'S DISEASE, DISEASE OF THE SUPRA-RENAL CAPSULES, FATTY DEGENERATION, &c.

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(*Continued from p. 768, vol. ii. 1869.*)

IN my previous contribution I detailed two cases of Bright's disease treated by a skim-milk diet. In one the treatment was perfectly successful; in the other—a much more serious and advanced case—only partially so. I shall now describe a third, one of a remarkable and interesting class of cases in which the renal affection is associated with and apparently produced by lead-poisoning, and to which attention has been specially directed in recent years by several pathologists, especially by the late Dr. Todd, Dr. Garrod, M. Ollivier, M. Charcot, Dr. W. Begbie, Dr. Grainger Stewart, and others.

Case of lead-poisoning and Bright's disease, with anasarca and epileptic coma; recovery.—J. S——, aged forty-six years, a plumber, who had been much engaged in casting lead during the previous seven years; in this occupation he frequently suffered much from the fumes arising from the melted lead, which always affected his gums and loosened his teeth. The symptoms of lead-poisoning commenced about six years ago, and first showed themselves in pains in the legs and head, commencing in the occiput and extending over the cranium; the pain in the head had been continuous and severe, accompanied with great sleeplessness. During the whole period he suffered much from colicky pains in the abdomen and obstinate constipation, also from discharges of blood from the bowels, which continued more or less for several weeks, and then subsided for a period, to return again. With these symptoms there was great loss of flesh and strength, his weight having fallen from fourteen to nine stone; he suffered much from feebleness in the forearms and wrists, with emaciation of the extensor muscles. About four months before I examined him, he became gradually affected with loss of sensation on the left side of the body, face, and extremities, and shortly afterwards with attacks of convulsions accompanied with loss of consciousness, recurring at first every other day, and then not oftener than twice a week. He had been under medical treatment on several occasions during his illness.

In March, 1869, this patient consulted me at the Sunderland Dispensary. I found him suffering from extensive anæsthesia of the left side and extremities, severe pain in the head, and sleeplessness. The epileptiform seizures had continued up to this time. There was loss of appetite, and great feebleness. A characteristic blue line on the gums was well marked. He also complained much of constipation. There was slight œdema about the ankles. The urine was scanty, and highly albuminous. With the view of eliminating the lead from the system, the following mixture was prescribed:—Iodide of potassium, three drachms; tincture of iodine, three drachms; tincture of chinchona, an ounce and a half; infusion of calumba, ten ounces and a half: two tablespoonfuls to be taken three times a day. An ounce of sulphate of magnesia was also ordered to be taken in the morning occasionally. The diet to be of the ordinary kind, but nutritious. Under this treatment he improved somewhat as to the symptoms referable to the nervous system; but the œdema of the feet and legs gradually increased until the 14th of May, when he presented himself, suffering from general dropsy. There was great œdema of the lower extremities and scrotum; so that he was almost unable to walk. There was also much puffiness of the hands, forearms, and face; the urine was scanty, high coloured, very albuminous, sp. gr. 1015, and deposited great quantities of granular and hyaline casts of the uriniferous tubes. The epileptiform seizures were very frequent and severe, and the anæsthesia of the left side had become more complete.

A thorough change was now made in the treatment. The patient was placed on an exclusively skim-milk diet; six pints, warmed, were allowed daily, and acetate of potash in doses of twenty grains in water, thrice daily, was substituted for the iodide-of-potassium mixture. He began to pass at once about six pints of urine daily, and the anasarca gradually subsided. This treatment was continued for six weeks, and by the end of this period the fits became much less frequent, and the cephalalgia much less severe. The patient was now allowed, *in addition* to the milk diet, bread in the morning, and butcher's meat to dinner; and in the course of three weeks afterwards he resumed his work, but not amongst lead. Sensation gradually returned to the left side, and the albumen disappeared altogether from the urine. His health and strength gradually improved up to the beginning of October, when the epileptiform seizures ceased entirely, as well as the cephalalgia, and sensation was restored to the left side; the anasarca had never returned, and he had gained 1 st. 3 lb. in weight.

I last saw this patient on the 17th of December, when he continued quite well. He had, up to that date, continued to take large quantities of skim milk daily, with butcher's meat to dinner, and bread thrice daily.

In this case it would be difficult to decide whether the epileptiform seizures and paralysis of sensation on the left

side were the result of the *centric* action of lead as a poison on the nervous system, or of uræmia, or of both. It seems probable that they were due to lead, from their appearance before the renal affection was well developed, and their persistence after it had been relieved. But from the coexistence of the two disorders they may have possessed a mixed character. Pure *renal epileptic coma* is a most fatal and formidable affection, generally destroying life after a few seizures.

From the history and clinical features of the three cases of Bright's disease of which I have given a description, it is evident that they were illustrations of that class of renal affections to which Virchow has given the name of *parenchymatous nephritis*, in its chronic condition—cases in which the disease is seated chiefly in the glandular epithelium of the uriniferous tubes; and they were apparently, too, in the second or fatty transformation stage of the epithelium. In the case of W. M——, who only partially recovered, the second stage was far advanced, or probably the third stage—that of contraction—had begun. This may reasonably be inferred from the predominance of hyaline over the fatty casts in the urinary deposits, and from the less controllable character of the disease than in the other cases.

So far my experience in the skim-milk treatment of Bright's disease has been confined solely to the class of cases to which I have just referred. I have not had an opportunity of testing its efficacy in the waxy form of the malady: generally associated with, and dependent on, some cachectic condition—such as phthisis, caries of the bones, syphilis, and the like. Neither have I tried the remedy in the gouty or cirrhotic kidney.

In order to explain the therapeutic action of milk in chronic parenchymatous nephritis, it is necessary to comprehend fully the character of certain pathological conditions pertaining to the disease. In order fully to appreciate the morbid alterations which the kidneys undergo, and the effect of these alterations on the blood, it is necessary to remember that the kidneys are provided with a *double* capillary system—namely, a *primary* set of capillaries forming the Malpighian tufts, and a *secondary* set formed by the ramification of the efferent vessels of the Malpighian tufts into a network of fine vessels distributed between and around the convoluted uriniferous tubules. In the second place the kidneys are completely invested, each by a firm fibrous coat, or capsule, of a very unyielding nature.

It follows from these facts that, in the disease under consideration, as the convoluted cortical uriniferous tubules become swollen and distended by their tumid, morbid, epithelial contents—glued together into solid casts by a fibrinous effusion,—and as the capsular investments of the organs yield but slightly and slowly to the distending pressure from within, generated by the swollen tubules, the *secondary* capillaries, being *external* to them, are mechanically compressed to a greater or less degree, and the circulation through them more or less impeded,—the blood is dammed back in the *primary* capillaries of the Malpighian tufts, which become congested and distended, the result being a large and persistent escape of albumen through their walls from the blood. This seems to me to be the correct interpretation of the phenomenon of *permanent* albuminuria in this form of Bright's disease after the early inflammatory period has passed away, and of the *pale* exsanguine appearance presented by the cortical substance of the kidneys. The pressure exerted by the confined swollen tubules must be very considerable, as shown by the expansion which the dense inelastic capsule undergoes in the enlarged kidney. The *primary* capillaries, or Malpighian tufts, are better protected from the influence of this pressure than the *secondary*, by their position *within* the dilated flask-like termination of the tubules, by their shortness and compact distribution, and by their *proximal* position to the arterial system and the propelling force of the heart.

The effect of the continued drain of albumen from the kidneys is to impoverish the blood to such a degree that its albumen is reduced in some instances to as low as 16 parts in 1000, the healthy proportion being from 60 to 70 parts in 1000. By this serious deprivation of albumen, the specific gravity of the blood-serum is lowered from 1028, its average in health, to 1013 in some instances. This hydræmia, or watery state of the blood, in its turn rapidly destroys the red corpuscles, and produces general dropsy, aided, no doubt, by the fulness of the vascular system from the diminished withdrawal of water by the kidneys.

Lastly, the diseased epithelium of the uriniferous tubules only partially secretes the solid constituents of the urine, and the blood becomes poisoned by its own excrement, and epileptic coma may supervene.

(To be concluded.)

PERFORATIONS OF THE MEMBRANA TYMPANI.

BY W. B. DALBY, M.B. CANTAB.

A PERFORATION of the membrana tympani which can be seen by reflecting light into the speculum, and one through which the patient can blow when his nose and mouth are closed, at once makes evident its existence. But there remain a large proportion which the patient cannot demonstrate in this way (a child, of course, cannot be made to do this), and which, from their position, cannot be seen. This is especially the case where the perforation is in the anterior and inferior part of the membrane. Unless the Eustachian tube be impervious, the diagnosis is rendered conclusive by using Politzer's method of inflating the tympanum. In this way the air can be heard, through the otoscope, to impinge on the membrane if it be entire, and, when a perforation exists, can be heard to pass through with a blowing or squeaking sound; if there is much secretion in the tympanum it will be a bubbling sound.

The size of the perforation varies from a small hole that can just be seen, to almost total loss of the membrane. I am not aware that a case is on record where the loss of the membrane was complete; there always remains a rim, however small, at the circumference of the membrane. The form of a perforation is very various—circular, kidney-shaped, or irregular, with rough or smooth edges, as the case may be; some have a slit-like appearance, similar to what is sometimes seen after the membrane has been incised. These particulars are not mentioned in detail in the cases quoted; not because they are unimportant, but because even a full description, without a drawing, would convey but an indifferent idea of their appearance. In these cases, too, which are instances of the very large majority of perforations, the ulceration of the membrane took place from causes within the tympanum, such as scarlet fever and other exanthemata, or from catarrh of the tympanum; and was accompanied by a purulent discharge from the ear of longer or shorter duration. Those cases in which the perforation is a consequence of inflammation of the external auditory meatus spreading to the membrane, or where the disease commences in the membrane itself, or, again, where the perforation is the result of accident, belong to classes of themselves.

With regard to the effects which remain, and the consequences which are likely to occur when the discharge is allowed to proceed unchecked, they are twofold: firstly, the powers of hearing become impaired; secondly, the affection may lead to the formation of polypi, to pus in the mastoid cells, to caries, or even to inflammation of the membranes of the brain.

In what follows I limit my remarks to the effects first in order.

It may be stated generally that the existence of the perforation is not the cause of the deafness, but the cause is to be found in the disease of the middle ear, which gave rise to the perforation, and, still remaining, produces deafness. Many persons have perforations, and are not conscious of any impairment in hearing, and very often rightly so. I know two medical men who are in this condition.

The amount of deafness depends chiefly on the effects which the inflammation and the often long-standing discharge have left behind; and in proportion as alterations have taken place in the tympanum so will the hearing be affected. These alterations will of course vary very considerably, from slight thickening of the lining membrane of the tympanum, or of the membrane covering the ossicles or fenestræ, to caries of the ossicles and the labyrinth.

Dr. Von Tröltsch says "the existence of a perforation is generally the reason that a chronic otitis with otorrhœa often remains through the whole life of the patient, and can never be permanently healed." This, no doubt, sometimes may be the case; but the converse appears more frequently to hold good—viz., that the affection of the middle ear, which was originally the cause of the perforation, and is now accompanied by the discharge, is still the obstacle which prevents the perforation having a chance of healing; for it frequently happens that during and after treatment, when the tympanum has been restored to a healthy condition and the discharge has ceased, the perforation will heal.

Before going on to the treatment of perforations, I must say that the chief object of this paper is to testify to the success attending the practice of a line of treatment advocated by Mr. Hinton in the Guy's Hospital Reports of 1866 and 1868. The cases appended occurred in his practice at Guy's Hospital, and by his permission I noted and now record them. In one of the papers referred to he says: "The chief object of treatment should be to remove entirely the morbid secretions accumulated within the tympanum, and to keep the cavity cleansed." He goes on to say: "When the tympanum becomes congested, the swelling of its mucous lining soon closes the Eustachian tube; and its secretion having no other exit than through the membrane, perforations are continually kept open, or, after closing, are reopened by the pressure of discharge within."

The treatment pursued is not appended to the cases, as it would occupy too much space; and although it varied more or less in each instance, it consisted, in the main, in carrying out the same principles. The cavity of the tympanum was kept cleansed, and the accumulations were removed from time to time. When the ears had been well cleansed by an ordinary syringe, a syringe was used with a nozzle which fitted the meatus, and was defended by a piece of india-rubber tubing. In this way alkaline solutions were sent through the tympanum and Eustachian tube, passing out through the nose. This was done once or twice a week. After a time astringent solutions were substituted for the alkaline, five grains of sulphate of zinc to the ounce of water being the one generally employed.

By this plan considerable accumulations of secretion are often removed from the tympana and Eustachian tubes, and masses of secretion are expelled which have evidently been in the Eustachian tube for some time, and have formed almost casts of the part where they have been lying. The tympana were regularly inflated on Politzer's plan, and astringent lotions, containing a little opium, were poured into the meatus at night. A loudly ticking watch was used to test the changes in hearing from time to time; but more reliance was placed upon the voice. In using the artificial membrane, the hearing distance of a watch may sometimes be increased only by a few inches, and yet the voice in conversation may be heard with very much greater ease. The artificial membrane was not tried where the hearing was sufficiently good for ordinary purposes. Although perforations of very large size frequently heal during and after treatment, this was not observed in any of the following cases, as they were not seen after sufficient lapse of time had been allowed for the reproduction of the lost tissue.

CASE 1.—Ellen D——, aged fourteen. August 27th, 1869. Has had discharge ever since she had scarlet fever, six years ago. Watch in contact on each side. Small perforation at anterior and inferior part of right membrane. Large perforation, with ragged edges, in left membrane.

Nov. 16th.—Discharge ceased. Hearing not improved. Artificial membrane increases hearing to 6½ inches on either side.

CASE 2.—Sarah D——, aged twenty-eight. June 1st, 1869. Discharge from both ears from infancy. Cause not known. Nearly the whole membrane on both sides destroyed. Blows freely through both. Watch in contact on either side.

18th.—Discharge nearly ceased. Watch three inches with left, and two inches with right ear. With artificial membrane 20 inches with right, and 10½ inches with left ear.

Oct. 2nd.—Discharge entirely ceased. With artificial membrane, 3 feet with right, and 18 inches with left ear. Ordinary conversation heard well.

CASE 3.—E. C——, aged sixteen. June 25th, 1869. Discharge from both ears for fifteen years after scarlet fever. Small slit-like perforation at posterior and inferior part of right membrane; small irregular perforation of left in same situation. Could blow freely through both ears. Watch in contact with either ear.

Oct. 12th.—Discharge ceased. Watch heard with right ear 1½ inch; with left, 2 inches. With artificial membrane, 2 feet with right, 1 foot with left ear. During treatment, for some days together she became very deaf from Eustachian obstruction. This was always relieved by using Politzer's bag.

CASE 4.—Maud F——, aged eleven. July 6th, 1869. Discharge since infancy from both ears. Cause not known. Said by parents to have appeared during teething. Perforation at the posterior and inferior part of right membrane, with a small polypus. Perforation of left membrane in same situation. The polypus was removed, and caustics regularly applied, so that by August 13th it had thoroughly disappeared. Watch in contact with right ear. Watch not heard at all with left ear.

Nov. 5th.—Discharge ceased. Watch 18 inches with right ear, 1 foot with left.

CASE 5.—Emma W——, aged twenty. August 28th, 1869. Discharge from both ears for twelve years after scarlet fever. Left ear: a large polypus filling up entirely the meatus; no perforation. Right ear: a moderate-sized perforation about the middle of the membrane. Watch heard ½ inch from ear. The polypus was removed, and was treated with caustics. On September 24th the polypus had completely disappeared. The discharge from the right ear had not entirely ceased, but very nearly so. The watch was heard at 2 feet 8 inches, and ordinary conversation very well. She did not come again until the end of November, when the discharge from the right ear was nearly as copious as on her first visit. The hearing had returned to its former condition, ½ inch with watch. This case shows how necessary it is to continue treatment until the discharge has *entirely* ceased. If this is not done, some of the discharge will collect in the tympanum, and becoming the source of irritation, the tympanum will fall back into its former condition, and the treatment has to be commenced afresh. On this account hospital patients are treated under disadvantageous circumstances, for they often cease to attend before the discharge has entirely ceased; and this is especially the case when the hearing is much improved.

CASE 6.—The following is a good example of the mode in which a perforation may occur during catarrh of the tympanum. Maria H——, aged nineteen, had suffered for four years from chronic catarrh of both tympana. The right ear was under treatment; nothing in the way of treatment had been done to the left ear. On Sept. 5th she said that four days ago great pain had come on in the left ear, when she went to bed. The pain lasted for between two and three hours, when she went to sleep. On awaking in the morning she found herself considerably more deaf on that side than she was before. There was a small perforation about the middle of the membrane, from which oozed a clear discharge.

CASE 7.—Henry T——, aged thirty-two. Sept. 23rd, 1869. Could hear quite well twelve months ago, when he had a sore throat for some time. Never had syphilis. About this time noticed that he was getting deaf. A few weeks afterwards observed a discharge from each ear, and from that time his hearing has been the same as now. Watch one-fourth of an inch from right ear, and one inch from the left. A large perforation at the upper and posterior part of right membrane; perforation in the same situation in the left. No discharge for four months. Hearing not improved by treatment, or by artificial membrane. Here the affection of tympanum was secondary to that of the throat.

CASE 8.—Herbert B——, aged twelve. Sept. 28th, 1869. Discharge from right ear for five years after measles. A slit-like perforation, with clean edges, about the middle of the right membrane. Could not blow through. Watch half an inch from the ear.

Nov. 5th.—The discharge had ceased, but the hearing had not improved.

9th.—Hearing improved to eight inches with artificial membrane.

18th.—Discharge slightly returned with the use of the artificial membrane, but disappeared again on treatment.

CASE 9.—William P——, aged twelve. Oct. 5th, 1869. Could hear well two years ago. At that time became deaf during a severe cold. Discharge ever since. Perforation about the middle of right membrane, and at posterior and inferior part of left. Watch four inches from each ear.

Nov. 18th.—Discharge ceased. Watch fourteen inches with each ear.

From the history of this case, there is every reason to believe that the origin of the perforations was acute catarrh of each tympanum.

CASE 10.—Annie W——, aged eighteen. Oct. 18th, 1869. Discharge from both ears from infancy. Cause not known. Small perforations of both the membranes about the centre. Watch not heard in contact with left ear. Could hear a loud click of nails about half a foot from the ear. Watch half a foot with right ear.

Nov. 16th.—The hearing of the right ear had improved to two feet with watch. No improvement in the left. Discharge less.

23rd.—Discharge ceased. Artificial membrane gave no improvement to either ear.

CASE 11. — Martha U——, aged twenty. Feb. 5th, 1869. Discharge from left ear from infancy. Worse last two years. A polypus was removed. Watch not heard in contact. Attended very irregularly. By Oct. 19th all trace of polypus gone. Discharge quite ceased. A small perforation. The membrana tympani fallen in and clasping the malleus. Watch two inches. Hearing increased by artificial membrane to eight feet. Ordinary conversation heard with great ease with this ear.

Putting on one side, therefore, those cases in which the destruction has either involved the labyrinth, or has so entirely disorganised the middle ear as to render all chance of restoration impossible, it would appear that in cases of perforation of the membrana tympani, which have occurred from whatever cause, either in childhood or later in life, and have been accompanied by a purulent discharge, the results are exceedingly varied. We find cases in which the perforation is large, the discharge of many years' standing, the deafness very considerable, recovering the hearing as the discharge ceases and the parts return to a healthy condition. Again, we find cases in which the perforation is small, the discharge of only a few weeks' standing, and the hearing more or less impaired, recovering from the discharge without any improvement in the hearing. And, again, some cases of both these two classes will be benefited by the artificial membrane, while others will not be improved by its use. No doubt, even in those cases where a considerable amount of hearing remains, it does not always happen that with the cessation of the discharge the hearing improves. These cases, however, are rare. Instances of this are found in Cases 6 and 7. I hope to notice on a future occasion the conditions which may lead to these results, and the treatment available for them.

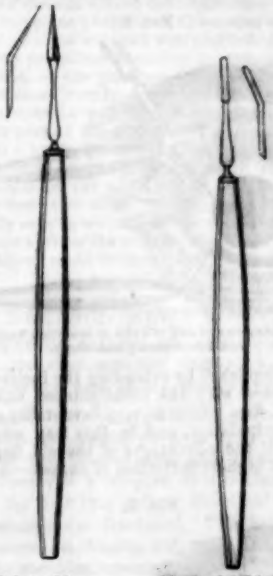
Sackville-street, April, 1870.

OBSERVATIONS
ON AN
IMPROVED METHOD OF CATARACT EXTRACTION.
WITH ILLUSTRATIVE CASES.

BY CHARLES BELL TAYLOR, M.D. EDIN., F.R.C.S.E.,
SURGEON TO THE NOTTINGHAM AND MIDLAND EYE INFIRMARY.

I HAVE been in the habit of performing the operation I am about to describe for some years past; and I published a brief notice of it in the *Ophthalmic Review* in 1865, before (so far as I am aware) any notice of the method of linear extraction, since so successfully performed by Von Graefe, had been published. As I have since devoted considerable time and study to the elucidation of this question, and have, in the Augen Klinik at Berlin, very frequently seen Von Graefe operate for cataract, I have reason to hope that a brief description of the operation which experience still leads me to prefer may not be unacceptable to the readers of THE LANCET.

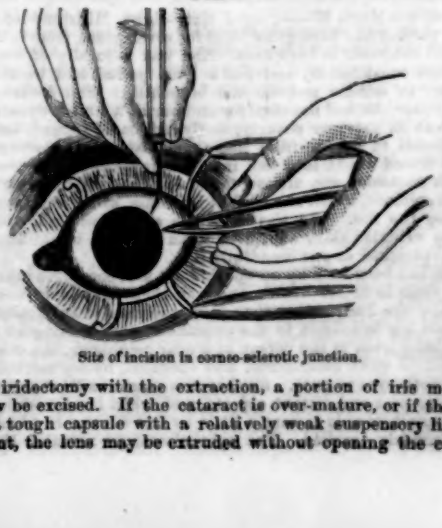
The instruments I employ are, a pair of sharp forceps that pierce the sclerotic; a very light speculum; and two



Knife for making incision. Blunt-pointed knife for enlarging incision.

knives, a line in width and bent at an angle (similar to the ordinary iridectomy knife), one with a sharp point, the other with a blunt or bulbous extremity. As the danger, even if vomiting occurs, is very slight with the form of incision I am about to describe, I usually prefer to have the patient narcotised, and, as a rule, push the chloroform to full anæsthesia. The lids should then be kept apart by the speculum, and the globe gently depressed with a pair of ordinary forceps in the operator's right hand. Having got the eye into a favourable position, it should be fixed by the sharp forceps, at about the junction of the upper with the middle third of the cornea. The pointed knife is then entered in the corneo-sclerotic junction one or two lines from the forceps, at the summit of the cornea, pushed well into the anterior chamber, and carried along the summit a distance of six or seven lines. (See Fig. 1.) If it is desirable to associate

FIG. 1.

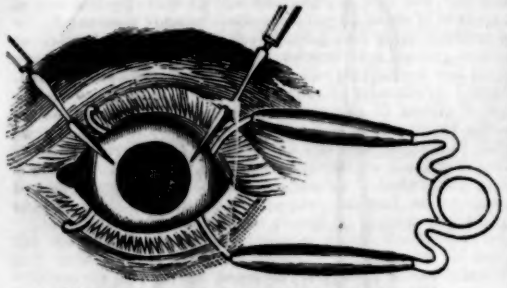


Site of incision in corneo-sclerotic junction.

an iridectomy with the extraction, a portion of iris must now be excised. If the cataract is over-mature, or if there is a tough capsule with a relatively weak suspensory ligament, the lens may be extruded without opening the cap-

sule. If not, it should be carefully lacerated in the central and lower segments, and the operation completed in the usual way. When there is little or no danger of inflammatory complication or other contra-indication, and the patient has prominent globes, it is well to complete the operation without removing a portion of iris; and this may

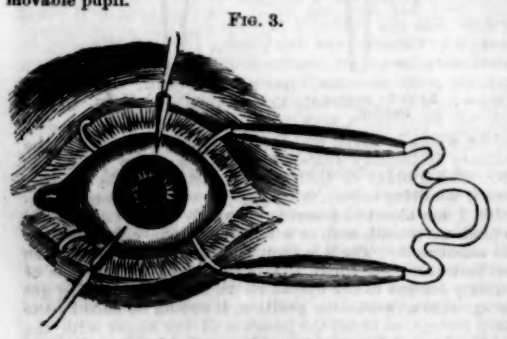
FIG. 2.



Point of entrance and exit of knife in operation associated with a preliminary iridectomy.

be readily accomplished by extending the incision down the side of the cornea with the blunt-pointed knife, so as to form a lateral flap. This is very favourably situated for subsequent manipulation, and in this way we may sometimes obtain all the advantages of the old flap-operation, and secure that highest indication of success—a central and movable pupil.

FIG. 3.



Point of entrance and exit of knife when the operation is completed without iridectomy.

Subjoined are reports of a few cases in which I have operated by this method, fair types of many others in which a degree of success that could not fairly be anticipated has been secured.

CASE 1.—Maria K——, aged sixty-eight, Millstone-lane. This patient had been quite blind for seven years, from fully formed cataracts in both eyes. She was naturally of very delicate constitution, and for a long period had been a martyr to asthma and chronic bronchitis. She declared to me that she had not slept for an hour at a time for years. She was in extreme poverty, badly fed, badly lodged, and too feeble to go far from home. Occasionally, however, some friend would lead her into a neighbour's house, on which occasions she always found it necessary to carry a small spittoon, which she used at intervals, as she sat gasping by the fire. She was very pale and emaciated, with flabby wrinkled skin, and, even in an hospital, would have been remarked as one dreadfully ill.

She had been seen by an ophthalmic surgeon three years ago, when in better health, and was then advised to bear the ills she had, rather than incur the risks of extraction. I urged her to submit to the operation; and, hearing of a successful issue in the person of a near neighbour, she consented. I gave chloroform, and operated, by my method, upon both eyes at once. She has now most excellent sight, both for near and distant objects, and, when her breathing will permit, is able to earn a little by fine sewing, in which she formerly excelled. The ophthalmoscope revealed the existence of myopic crescents in both eyes, and I then learned that she had always been shortsighted.

CASE 2.—Thomas D——, from Derby, aged seventy-five. This old man, upwards of six feet in height, very feeble, poverty-stricken, and bent with age and infirmity, came under my care for blindness of four years' duration, the result of cataract in both eyes. He had for years suffered from extreme debility and attacks of acute indigestion (due, apparently, to loss of teeth) and constant cough. The skin was thin and wrinkled, and, as was remarked by a gentleman who saw him with me, he had altogether the aspect of a "man who has one leg in the grave." He had been advised not to submit to operation on account of numerous contraindications, some of which I have enumerated above. I gave him chloroform, and extracted on the left eye, allowed him to recover, and asked if he would have the other eye done at the same time. As he felt no pain or inconvenience, he answered in the affirmative; and I therefore gave more chloroform, and extracted on the right eye. He remained in bed two days only, had no pain, and returned to Derby in a week with brilliant eyes and excellent sight. His circumstances have not permitted his returning to see me; but I have heard that he can read small print, and that his sight continues of the best.

CASE 3.—Mrs. R——, of Carlton, aged eighty-five. This old lady, blind from cataract in both eyes, on account of her great age had declined to submit to any operation, and consequently remained in complete darkness for four years. She had never seen the house she lived in when I first saw her, and imperfect acquaintance with the locality had resulted in a severe fall down-stairs; this decided her to run all risks and submit to extraction. She was naturally feeble, and suffering from senile marasmus, with that thin wrinkled skin which, Dr. Mooren says, all operators regard with apprehension. A drop of atropine, although ineffectual in dilating the pupil, caused mild delirium, and obliged me to defer extracting for some days. Ultimately I operated upon both eyes at once. She had not a single bad symptom; recovered in a week; and most excellent sight, both for near and distant objects, was restored in both eyes.

CASE 4.—Samuel B——, of Beeston, aged eighty-two. This old man, who had been blind for four years from fully formed cataracts in both eyes, suffered from frequent attacks of faintness and giddiness almost amounting to epileptoid fits. He was so feeble that he scarcely ever left his bedroom, was bowed down with age and infirmity, very pallid, emaciated, and highly nervous. I had operated successfully upon his next-door neighbour, and this fact, together with my assurance that he would do very well, induced him to submit to extraction. He was in great poverty, occupied a miserable cottage, and his only chance of being nursed was from the good offices of the neighbour above mentioned; nevertheless, as he was too feeble to leave the house, I operated upon him at his own residence, both eyes at once, under chloroform. He had no pain or other bad symptom at the time or after; suffered from nothing but extreme debility; and, in spite of a piece of capsule in the right pupil, which admits of treatment, recovered very useful vision.

CASE 5.—Sarah R——, of Loughborough, aged sixty-five. This poor woman—small, under middle height, and of very delicate build—had been blind, from fully-formed cataracts in both eyes, for three years. She was pallid, toothless, with sparsely-scattered white locks, and thin, wrinkled skin; was a parish patient; very feeble, badly nourished, and altogether was considered so unfavourable a subject for operation, that she had been advised, by a gentleman of experience, not to encounter the risks of extraction. Her case was mentioned to me by a lady on whom I had operated in the neighbourhood, and ultimately the parish authorities sent her over for an opinion. As she was highly nervous and excitable, I thought it best to operate without any preliminaries, so gave her chloroform at once, and extracted on both eyes. She had a little pain in the right eye, none in the left; remained in bed two days, and returned home in a week. She has now most excellent sight with both eyes, does fine sewing, and can see for all ordinary purposes without glasses.

CASE 6.—William T——, aged fifty-eight, from Newcastle-under-Line. My attention was directed to this man

as a blind beggar. He was led about by a little girl, and had been in darkness for four years; he thus earned a precarious subsistence from the donations of the charitable. His general health had suffered very much in consequence; and he was emaciated, feeble, and suffered from severe cough. The occurrence of cataract at so early an age I also looked upon as evidence of constitutional dyscrasia; altogether he would be considered an unfavourable subject for operation. I operated upon both eyes at once, under chloroform. He was discharged in a week; and now has excellent sight, both for reading and distance, with both eyes.

(To be concluded.)

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

(Cases under the care of Dr. HABERSHON.)

General Muscular Atrophy.—The subject of this case was admitted on account of extreme and rapidly progressive atrophy of the voluntary muscles, which was attended with much general prostration, and severe pains in the limbs and in the head. These symptoms had existed for about six weeks before admission. The patient could not hold himself in the erect position, was unable to perform any active and continued movements with the arms and hands, and complained of sleeplessness at night. Dr. Habershon, in some remarks at the bedside, stated that, in this case, the condition of the patient could not be attributed to any of the ordinary and recognised causes of general muscular atrophy in the adult. Wasting of the muscles was frequently caused by lead poisoning, and now and then followed rheumatism; but here the patient stated distinctly that he had not been subjected to the influence of the one nor had suffered from the other. It is not improbable, however, that the atrophy might have had a syphilitic origin. The man some nine years before had been treated by Mr. Poland for chancre and secondary symptoms; and, at the time of his admission under Dr. Habershon, presented periosteal thickening at the lower part of the left femur, and at the back of the right elbow-joint. Iodide of potassium was administered in ten-grain doses, and seemed to afford some benefit in arresting the course of the affection. The sleeplessness at night was much relieved by fifteen-grain doses of hydrate of chloral administered at bedtime. This may be an exaggerated form of that kind of wasting which generally attends syphilitic affections, but which is rapidly arrested after the removal of the active symptoms of the disease by mercurials and iodide of potash, the patient then becoming plump and well-conditioned. Whether in the present case the patient be likely to return to his former condition after a prolonged course of antisyphilitic remedies still remains very doubtful.

Cases of Obstinate Vomiting. — A pale young woman, twenty-four years of age, was admitted on March 23rd with severe gastric pain, and vomiting some time after taking food, the rejected matter occasionally containing blood. Dr. Habershon stated that the constant pain in the stomach after taking a meal, the relief of this by vomiting, and the occasional hæmorrhage, were symptoms of commencing ulceration, or some abrasion of the mucous membrane. The blood thrown up from the stomach was of very dark colour, showing that it had exuded slowly from the vessels, and had undergone some amount of digestion. The most efficacious treatment in cases of this kind consisted in careful attention to the diet, the occasional administration of a mild purgative, and a mixture containing bismuth, carbonate of magnesia, and chloric ether with mucilage, to be given three or four times in the day. Another case of obstinate vomiting was one in which an anæmic and nervous man, twenty-two years of age, had for four years vomited his food immediately after meals. There were no symptoms of any organic disease within the abdomen. There was a suspicion of incipient phthisis at the apices of both lungs, but the physical signs were not well marked. Dr. Habershon stated that the persistent vomiting in this case might be due to irritation of the pneumogastric, in consequence of pulmonary disease; but he was inclined rather to look upon it as due to a want of will, and a nervous hysterical condition, on the part of the patient. The stomach occasionally contracts a habit of regurgitating the food as soon as it has become distended to a certain point, there being no active opposition of the will, and the patient making no efforts to try not to be sick. Dr. Habershon alluded to a case under his care in which obstinate vomiting had ceased after the removal from the bedside of every receptacle into which the patient could be sick.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF DOUBTFUL INJURY TO THE SHOULDER-JOINT, OF FIVE MONTHS' DURATION.

(Under the care of Mr. HOLMES COOTE.)

I. P——, aged fourteen, a well-made, seamanlike lad, fell from aloft into the ratlin, when in a heavy sea off St. Helena, about five months ago, and injured the right shoulder. There was a surgeon to the coolies on board, and he put the limb into splints, doubtless with the idea that the humerus was fractured. The boy says that he could soon move his fingers, but that he suffered severe pain about the shoulder, especially at night. The ship put into Trinidad, where the limb was examined by another surgeon; but the vessel left before any further measures were possible. He arrived in England early in February, and was sent to St. Bartholomew's Hospital for consultation, under the care of Mr. Coote.

The shoulder is flattened; there is a hollow under the acromion; the elbow does not come readily to the side, and the movement upwards is limited. The shaft of the bone can be traced to the acromion process, which is pushed upwards; and the rounded head of the bone can be felt in the axilla, moving with the shaft, and resting upon the third rib.

After long and careful examination, the boy was rendered insensible by chloroform, and the limb was extended by manual efforts. Mr. Coote endeavoured to work the head of the bone down to the lower part of the capsule, where in all probability there had been the fissure or rent whence the head of the bone had escaped. Ligamentous bands were heard to give way, but the abnormal relation of parts was not altered.

A second and more prolonged extension was made on March the 4th, and with no other result than that the head of the humerus was evidently pushed from the side towards the articulating surface of the scapula, but it gave no indication of entering the glenoid cavity. The boy, therefore, remains in much the same state as when he entered the hospital, except, perhaps, that the movements of the limb are somewhat more free. He can put his hand readily enough to his mouth, or on the top of his head; he can hold or seize any object before him; but he wants that perfectly free action and certainty of grasp which a seaman when in the rigging would require for his own safety.

Now what was the nature of this case? Was it a simple non-reduced dislocation, or one combined with fracture? Opinions differed, but the latter view was entertained by many. Cases of dislocation and fracture at the shoulder-joint in the same individual are sufficiently rare to merit notice. In the museum of St. Bartholomew's Hospital (series 3, subseries C, No. 103), there is a specimen showing "fracture through the anatomical neck, with luxation of the head of the humerus inwards." The head of the bone rests on the anterior border of the concave surface of the scapula, near the glenoid cavity, and below the coracoid

process. The fracture, which is immediately below the head of the humerus, between it and the greater and lesser tubercles, is united by a fibro-cartilaginous substance, and a new socket is formed. Other cases are on record,—one in the museum of the Royal College of Surgeons, several cases in the work of Sir Astley Cooper, one by Lenoir (*Gazette des Hôpitaux*, 1851). In this case the fractured head was dislocated on the third rib. The limb was shortened about half an inch.

KING'S COLLEGE HOSPITAL.

TWO CASES OF DISEASE OF THE SUPERIOR MAXILLARY BONE; EXCISION; CLINICAL REMARKS.

(Under the care of Sir WILLIAM FERGUSSON.)

ON Saturday, April 3rd, two operations for the removal of the upper jaw were performed in the theatre of this hospital. The patients were males, and both young, one being a lad nine years of age. Chloroform was administered, the patients lying at full length upon the operating table. The first case was one of a rapidly growing and soft tumour of the upper jaw on the right side; the second was one of a large osseous growth which had been slowly increasing in size for many years. After the second patient had been removed to the wards, Sir Wm. Fergusson made the following clinical remarks upon both cases:—

Few practitioners or students, or even men of large experience, had had an opportunity of witnessing, on the same day, excision of the upper jaw performed in cases similar in some respects, but presenting marked points of contrast in many others.

The first patient was a boy nine years of age, who, up to the commencement of the disease in the jaw, had always had good health. In the middle of the previous winter he had received a blow on the right cheek; no particular notice was taken of this for a short time after the injury, but a swelling was soon observed, which increased rapidly in size. When first submitted to consultation, the lad was in such a state that it was at once decided that nothing short of excision of the diseased maxilla could be of any service. The parents consented, and the whole jaw had just been removed. The operation was a rapid one, and the removal of the disease was attended with very little difficulty. It seemed at first that the alveoli had not been involved, the disease having evidently sprung from the anterior of the antrum, making its way forwards, or from the anterior wall of the antrum, extending backwards as well as forwards.

The second patient was nineteen years of age, and had noticed a tumour in the left cheek since infancy. He was in good health and spirits, and, on entering the operating theatre, presented a great contrast to the former patient, who appeared exhausted by the effects of the disease and fear of the operation. Chloroform having been administered to this as to the previous patient, an incision was first made at the outer part of the tumour, over the malar bone, and the hard osseous tissue divided with a saw and cutting pliers. The upper lip was next divided in the middle line, and the palatine portion of the upper jaw cut through. The incision in the integument was afterwards carried upwards along the side of the nose, and the ascending process of the jaw cut through. Finally, the knife was carried along the upper part of the cheek, parallel to the lower eyelid. By commencing the operation at the outer portion of the cheek, the incisions through the most vascular parts were put off until a late stage of the proceeding, and excessive and prolonged hæmorrhage thus obviated. After the tumour had been exposed, and the attachments of the jaw divided, the bone-forceps was brought into operation—an instrument which, though very useful in many other operations, had been originally devised by himself (Sir William) for the removal of tumours of the upper jaw. The tumour in this case was a very hard osseous growth, which required for its removal much time, and a more vigorous expenditure of force than might have been imagined by those looking on.

With regard to prognosis, Sir William stated that in the former case the rapid growth of the tumour, and the unfavourable state of the patient, indicated malignant disease and an ultimate bad result. Still he had seen many instances in which various tumours of the upper maxilla, of rapid growth, and to all appearances of a malignant character, had been removed with perfect success, and without having been followed by any relapse of the disease. In the second case there was every prospect of a good result.

LONDON HOSPITAL.

CANCER OF TONGUE.

(Under the care of Mr. MAUNDER.)

BESIDES the three cases of cancer of tongue in the female, recorded in our issue of April 9th, we find that two instances of a similar disease in the female have recently been under the care of Mr. Maunder in the hospital, and one in private practice. In one case the disease was so extensive, and the corresponding glands so much involved, as to render operative interference unjustifiable. In the second case the right half of the tongue was involved, and this was removed by the galvanic wire cautery; the lymph glands were healthy. In the third instance the disease was extensive, involving also the floor of the mouth, and associated with intense pain and frequent hæmorrhage. Mr. Maunder tied the right lingual artery, and divided the right gustatory nerve.

Provincial Hospital Reports.

BRISTOL GENERAL HOSPITAL.

CASE OF SYPHILITIC AFFECTION OF THE THIRD NERVE, PRODUCING MYDRIASIS, WITH PTOSIS; FOLLOWED BY FACIAL PARALYSIS AND HEMIPLEGIA OF THE SAME SIDE.

(Under the care of Mr. COE.)

MR. WITHINGTON, assistant house-surgeon, has obliged us with notes of the following cases:—

The patient, a man aged twenty-eight, had a hard chancre four years ago, followed by sore-throat and ulceration of sides of tongue. He was admitted Aug. 30th, 1869, for ulceration of nose, resembling lupus, which began eight months ago, and had now spread to his cheek. He was treated at first with chloride of gold, in one-twelfth grain doses; but this did not have a good effect, and he soon got well under large doses of iodide of potassium, and left the hospital Sept. 22nd.

He came again on Nov. 24th, complaining of dimness of vision and vertigo. The right pupil was largely dilated, and immovable; the upper eyelid fallen. On raising the lid, the eye was seen to be directed outwards, through the unbalanced action of the external rectus. He could not move the eyeball upwards or inwards; and, on being told to look downwards, the superior oblique muscle, through the sixth nerve, acted alone, and produced a distinct inward rotation around the visual axis. There were diplopia and amblyopia. A few days after admission the ptosis was complete, there being only a slit formed by the junction of the lids, the outer angle of which hung lower than that of the sound side. The pupil was extremely dilated, and the cornea hardly reached the middle of the eyelid when an effort was made to look inwards.

In the night of Dec. 2nd he was suddenly seized with hemiplegia of the right side, the arm being at first more completely paralysed than the leg. There was puffing out of the cheek; tongue protruded to the right side; he whistled only with the left half of mouth; the right nostril was diminished in calibre, and there was lachrymation of right eye. It was noticed shortly after that the orbicularis palpebræ was paralysed, and the uvula distinctly inclined to the left side. Dysphagia and imperfect articulation. No diminution of sensibility.

He began to improve on the 14th, when he had some power over the facial muscles and the levator palpebræ. He could also flex slightly his fingers and toes, both together, and each separately, but with an effort. He gradually recovered the use of his arm and leg, and was able to

get up and walk, with a dragging movement of the leg, on Jan. 5th, 1870.

Up to very lately he has had complete paralysis of accommodation, as almost always happens in paralysis of the third nerve, since the ciliary muscle receives its motor power from the short root of the lenticular ganglion, which also supplies the sphincter pupillæ. But recently, coincident with increase of power of the sphincter, he has got considerable range of accommodation. There is hypermetropia of affected eye; the furthest point of distinct vision is twenty-six inches, whilst that of the sound eye is seventeen or eighteen inches. No opacity can be discovered with the ophthalmoscope. His vision is improved, and made quite distinct by means of convex glasses, and also by looking through a small hole cut in the middle of a piece of blackened paper, showing that he has now no retinal or optic lesion. Probably the disturbance of vision is due altogether to anomalies of refraction and accommodation, as the result of the paralysis of the ciliary muscle and of the iris. The ptosis has quite disappeared, and the pupil contracts with light. He has regained the use of the recti, but least so of the internal. He is well in himself, and is going into the country. The treatment has consisted almost entirely of the iodide of potassium and the iodide of mercury, in half-grain doses. Neither Calabar bean nor the electric current was made use of. Great benefit seemed to be derived in this case from a course of mercury.

POPLITEAL ANEURISM; LIGATURE OF SUPERFICIAL FEMORAL.

(Under the care of Mr. ATCHLEY.)

The patient is a man aged forty-one, who was admitted on March 1st, with a large popliteal aneurism of a fortnight's duration. He attributes it to having been for some weeks almost incessantly in the saddle, whilst a soldier in the Crimea. He had also acute synovitis of the same knee-joint, but does not know the cause of it. He has a syphilitic history. Has had no recent injury to the knee. The aneurismal bruit was very loud, and extended upwards as far as Hunter's canal. Taking into account the rapid increase in size of the aneurism, and the condition of the knee, it was thought best to ligature the superficial femoral artery without delay, flexion being out of the question. This was done without difficulty on March the 3rd, the ligature used being Lister's carbolic gut, doubled. This was cut off short, and nothing has been seen of it since. The incision did not heal by the first intention, but was quite healed on March 23rd. He had no bad symptom; the collateral circulation was soon established, the leg having been enveloped in cotton wool, and bandaged lightly. The temperatures of the feet respectively were:—

	Right foot.	Left foot.
March 3rd (11 P.M.)	96°	97°
„ 4th	89	95·2
„ 5th	90	85

OVARIOTOMY.

Under the same surgeon is a married woman, aged twenty-six, who had ovariotomy performed on March 9th. The tumour had been coming fifteen months, was hard over the right side, and was thought to be multilocular, and free from adhesions, and was semi-solid. She had been married four years, and had no children. The incision was about six inches long; the tumour, which was cystic and multilocular, was tapped, and drawn gently from the abdomen without any difficulty. There were not any adhesions; the intestines were not seen during the operation. The pedicle, which was long, was secured with a clamp and a strong silk ligature. There was a thick layer of subperitoneal fat. The contents of the cyst were dark, viscid, and flaky, about three quarts being drawn off. She has not had a bad symptom since the operation. The temperature was never above 99·5°, and the highest pulse 115. The wound healed without suppuration. The clamp was removed on the 15th, as well as most of the sutures. A fortnight afterwards she felt as well as before the operation.

REMOVAL OF HALF THE LOWER JAW.

Mr. Atchley also removed half the lower jaw of a man aged forty, for myeloid disease, on February 17th. The disease ran deeply down into the neck, and necessitated the removal of a large quantity of skin; but the man has done remarkably well, and is now convalescent. The large gap is fast filling up, and he is much improved in health since the operation. There is no appearance of a recurrence of the disease.

The merest reference is made to the last case, as it will be fully reported hereafter. The other two cases are still in the hospital, and therefore the details of their treatment have been reserved.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MARCH 21ST, 1870.

MR. GAY, PRESIDENT, IN THE CHAIR.

DR. QUAIN, Dr. Dempsey, Mr. Turner, and Mr. John D. Hill were elected Fellows of the Society.

Mr. Erasmus Wilson, Messrs. Harding, and Mr. R. Cox, were announced as visitors for the evening.

Mr. COLES narrated a case of Paralysis of the Third Nerve in a woman aged thirty-eight years. She had had two children, both of whom were dead, and she had suffered from ptosis of the right eyelid since August last. Previous to that time she had been under treatment for vertigo and head symptoms. She had been infected with syphilis by her first husband. The patient was shown to the Fellows, and presented a good example of ptosis of the eyelid, with diverging strabismus; the left eye was normal. There were no signs of secondary syphilis present; but Mr. Coles was disposed to attribute the ptosis to syphilis.

Mr. POTTS asked what reason there was to think the affection due to syphilis.

Dr. DAY thought the syphilitic origin of the affection doubtful. He had himself experienced transient attacks of ptosis when overworked or disordered in health.

Mr. COLES observed that treatment by iodide of potassium had to some extent done good; and this seemed rather in favour of the syphilitic nature of the seizure.

Dr. RICHARDSON then made a second communication on Methylic Ether as a general anæsthetic, recording his experiences of it during the last eight days. He dwelt, first, on the difficulties he had encountered, first in keeping the methylic ether in solution, and secondly in the method of administration; and explained how these difficulties were to be met. Respecting the method of administration, he said that the ether must be confined in a bag in connexion with the inhaler, and from the bag it must be volatilised by means of a hand bellows. The instrument for this purpose was shown; the elastic bag contained layers of domette to receive the ether. By this means all the ether was utilised, and usually two drachms would be found a sufficient quantity. Dr. Richardson reported that, since the last meeting of the Society, he had administered the ether seventeen times, and with a success quite equal to his expectations. The ether produced quick relaxation of the muscles, with dilatation of the pupils; and this last was a good test of insensibility. The blood which flowed during an operation retained its arterial hue, and there was no sign of asphyxia, or of vomiting. Recovery was rapid, and methylic ether promised to be the best and safest of anæsthetics. In prolonged operations it might be advantageously mixed with bichloride of methylene, the two fluids being in equal parts. The effect of the bichloride in causing spasm and vomiting was greatly controlled by the ether.

Mr. BRAINE said he had tried the methylic ether in several cases, using as much as three drachms; and though he gave it till the hand dropped, there was still some complaint of pain.

Dr. SIMMS then read the paper of the evening, on the Treatment of Psoriasis. The author narrated a most obstinate case of psoriasis, which had resisted all kinds of treatment, and at length was so much benefited by the use of copaiba that for two years there had been no return of the complaint. Dr. Simms said that copaiba, as a remedy, was best adapted for recent cases in young persons, with whom the specific eruption appeared quickly. In older people the specific copaiba eruption often was produced with difficulty, or not at all; and yet they recovered at times

under the use of the drug. The nauseating properties of copaiba were one cause of its failure, and the uncertain direction in which it often exerted its influence was frequently a hindrance in its curative action. Dr. Simms then mentioned various other remedies for psoriasis. With respect to arsenic, he believed the cures effected by this drug were often obtained with detriment to the general health. The late Drs. Todd and A. T. Thompson were quoted as confirming this assertion. In conclusion, the author dwelt on the advantage of exhibiting actual patients to the Society; and regretted he could not, for obvious reasons, produce his patient in the present instance.

MR. ERASMUS WILSON said he preferred to call the disease, to the cure of which the paper related, "lepra vulgaris." He did not know what psoriasis was. Hardy was the first to cure a case of lepra with copaiba. Mr. Wilson dwelt on the importance of attention to the general health before using any specific treatment. He had tabulated 500 cases of lepra, and noticed it often associated with tubercle, and often it was hereditary. It was a nutritive degeneration of tissue. Arsenic in the form of a ferro-arsenical mixture Mr. Wilson had used largely, and never met with any injurious or dangerous effects from it. Of local remedies, tar, well rubbed in, had seemed very valuable.

Dr. THOROWGOOD mentioned some cases of lepra associated with tubercle.

The PRESIDENT said it would be a great point to discover under what conditions a medicine would act specifically as a curative agent.

Dr. SIMMS, in reply to Mr. Potts, said he thought copaiba acted as a stimulant to the vessels of the skin. He regretted there was not a more definite nomenclature of skin diseases.

The thanks of the meeting having been unanimously accorded to the author of the paper, the Society adjourned.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 25TH.

MR. PAGET, PRESIDENT, IN THE CHAIR.

MR. CHRISTOPHER HEATH read a paper "On Imperforate Anus," and narrated five cases upon which he had been called to operate within the last two years. The first and fourth (both males) were examples of an anal *cul-de-sac* with termination of the rectum about an inch from the surface. In both cases the bowel was reached, in the first being drawn down and stitched to the margin; but both children sank, and in the last case the peritoneum was found to have been opened. The second case was the male child of a medical man, in whom there was no anus, but merely a dimple in the skin. Mr. Heath succeeded in reaching the bowel after cutting through some very dense structure, but was unable to draw it down to the skin. The child has thriven, and is now two years old. It has a bougie passed occasionally, and there is no great tendency to contraction. The third case was in a female child, thirteen months old when brought to Mr. Heath in 1868. There was no anus, but a small opening into the vagina, through which fæces escaped with difficulty, and in small quantity. An attempt had been made to establish an anus in the proper situation soon after birth, but without any good result. Mr. Heath repeated the attempt, but, failing to give relief to the distension of the abdomen, afterwards divided the perineum, and opened freely into the rectum from the vagina. The child recovered its health, and did well until last month, when it died somewhat suddenly with symptoms of enteritis.

Mr. WILLETT related the particulars of a case that had been recently under his care.

Mr. THOMAS SMITH said that, according to his own experience, closure of the lower part of the rectum was irremediable; that he had, however, sometimes afforded relief to patients by inserting a vulcanised india-rubber tube over a steel penholder, so that, scissors being used occasionally, the parts are kept sufficiently stretched to keep the canal patent. He believed, however, that in cases similar to those recorded by Mr. Heath, the mucous membrane being continuous with the vagina, the fæces will persist in coming through the original opening, and that hence, in cases where no anus exists, a director should be put into the fistula, which latter should be laid open from end to end. He thought the treatment adopted in Mr. Willett's case more likely to be productive of harm than good.

Mr. CALLENDER said the occurrence of bleeding after these operations, and a difficulty in getting rid of the fæces, were points worthy of grave consideration, and that of two cases in which serious hæmorrhage occurred, one proved fatal.

The PRESIDENT agreed with Mr. Smith, that the retrospect of these cases was, as a rule, very unsatisfactory. He could speak of only one successful case, in which an artificial opening was made in the normal position of the anus. The operation was performed fourteen years ago, and the orifice still remained patent. It would be interesting to obtain trustworthy records as to how long persons lived in this condition, and if they often reached the age of puberty. He had also observed that in cases where the lower rectum was deficient, a large pouch was present, separated from the colon by an orifice; that in one instance this pouch was so enormously distended with fæcal matter as to simulate a large abdominal tumour; that an opening was eventually made, and large masses of fæces scooped out of the pouch, with an agglomeration of triple phosphates, that appeared to form a kind of nucleus. Two years have now elapsed since the operation, during which time the rectum has emptied spontaneously, and the patient has done well.

Mr. BARWELL mentioned a case in which a continuation of the rectum occurred below the vaginal opening, and that he had punctured, and kept it open successfully.

Dr. DYCE DUCKWORTH read notes of a case of the True Keloid of Alibert, which had been under his observation for two years. It was illustrated by a coloured plaster cast and a water-colour sketch. The points of interest in the case were—that it occurred in a male aged sixty-five, and had been growing slowly for thirty-six years; that it occupied the sternal region, a locality affected in nearly half of the recorded cases; and that no cause of any kind was assigned as a starting-point for the disease. The case agreed remarkably with several that had been carefully observed and described, and Dr. Duckworth expressed his belief that we were in possession of sufficient facts to warrant the distinction of these cases, originally made by Alibert, into true or spontaneous, and false or cicatricial, keloid. Mr. Hutchinson had lately asserted that Alibert's keloid was a disease of scars and not of skin; that the affection was scarcely ever met with in adults or elderly persons, excepting with a short history; and that after reaching a climax of growth it commenced to soften and lose its irritability. This case appeared to disprove these statements, since it afforded the longest history of true keloid yet recorded, and the growth continued to enlarge and cause perhaps more pain and discomfort each year. Mr. Hutchinson's observations seemed solely to apply to the spurious or cicatricial form of the disease.

A Visitor wished to know the microscopical appearances of the growth on section. And

Dr. DUCKWORTH, in closing the discussion, said that Mr. Quekett had found large bundles of nervous matter embedded in dense fibrous tissue, with numerous cells.

Dr. HANDFIELD JONES read brief notes of a case of Fatal Epileptic Stupor occurring in a young woman who had been admitted into St. Mary's Hospital in a state of unconsciousness. In the absence of any history, diagnosis was difficult. She had bedsores; no decided paralysis; normal temperature; quiet respiration; no spots; urine not albuminous, deficient in uric acid. She died in asthenia twenty-five days after admission, and autopsy showed chiefly an atrophied brain with much arachnoid and ventricular fluid. It transpired that three relatives had died insane or epileptic, that she had suffered from epilepsy and from mania lasting one month, and that a fit had occurred two months prior to last seizure. It was considered that the encephaloid was either originally imperfectly developed or had undergone atrophic change, and the fluid in arachnoid and ventricles was complementary. The stupor was probably consecutive to an epileptic paroxysm.

The SECRETARY read a paper, presented by Dr. LEARED, on the case of a gentleman who was seized with epileptoid fits after an attack of apoplexy. The fits were so protracted that apparent death from apnœa ensued on six occasions, and the patient was restored to animation each time by Silvester's method of artificial restoration. The duration of apnœa after a fit was on one occasion two minutes and

a half, and the length of the fit itself was certainly not less, during which also respiration was in complete abeyance from spasm of the glottis. There was, therefore, a period of complete apnœa of five minutes. By the aid of bleeding from the arm, and the subcutaneous injection of bromide of potassium, he so much improved that he survived five days, during which he was at times able to converse rationally with members of his family, who—also by the treatment adopted—were afforded time to come from a distance. He died at length from asthenia, notwithstanding every effort to combat it. As a last resource, ammonia was injected into a vein, but with no good result.

MR. CALLENDER wished to know the character of the convulsions; whether the rigidity affected both sides of the body equally or unequally, and whether the mental faculties were, or were not, much impaired.

After some brief remarks by Dr. Douglas Powell,

DR. HANDFIELD JONES said that, in a case that had come under his notice, the respiration after the fit numbered 50, and the temperature was 103° Fahr.; that rapid respiration in coma is commonly coincident with elevation of temperature, as also in cases of fever and paralysis.

DR. HERMANN BEIGEL remarked that the term epilepsy was used in too wide and loose a sense, and that it should not be presumed that the cause of every death with coma was due to epilepsy.

DR. HANDFIELD JONES and DR. LEARED both objected to Dr. Beigel's remarks, and maintained that neither case had ever been classed as one of genuine epilepsy.

DR. LEARED replied that at the outset of his case there was rigidity, which state, however, was not subsequently maintained, that the mental faculties were wholly in abeyance during the first twenty-four hours after the fit, and that, without doubt, the bleeding had done good service.

DR. BUZZARD concluded the discussion by making some remarks on the extreme importance of gleaning the antecedent history of these cases, indicated his own theory as to the physiological action of artificial respiration in these cases, and thought that its advantage had been somewhat lost sight of in the discussion of the question.

HARVEIAN SOCIETY.

MARCH 3RD, 1870.

DR. W. F. CLEVELAND, PRESIDENT, IN THE CHAIR.

MR. W. F. TEEVAN read a paper on "Some of the Functional Derangements of the Male Genital Organs." 1. *Abnormal erections in children* might occur at the earliest age, and were caused by some local irritation, as very acid urine, gravel, calculus, worms, prolapse of rectum, or cutaneous eruptions. Children who were forced to lie much on their backs, as in hip-joint disease, suffered from erections through the pressure of the urine on the most sensitive part of the bladder. A tight foreskin was a fertile cause of evil, and ought to be removed. 2. *Too frequent nocturnal emissions in young men* often caused much alarm; but the mental anxiety, rather than the seminal loss, was the cause of the depression. Drachm doses of the tincture of sesquichloride of iron would entirely check these emissions. 3. *Nocturnal emissions in married men* were of common occurrence, and arose from debility and irritation, the results of marital excesses. Local applications of mild solutions of the nitrate of silver would be necessary to effect a cure. 4. *Seminal discharges during defecation* took place in most men at some period of their lives, or some prostatic fluid only might be pressed out. When, through indigestion, the semen became attenuated, or there was constipation, the powerful contractions of the levator ani would press out some fluid. Laxatives, &c., would cure these cases. 5. *Diurnal emissions* were of serious import, and might be occasioned through the slightest mental or physical excitement. Suppositories of camphor, belladonna, and opium, were of great use, but a solution of the nitrate of silver would have to be applied to the verumontanum. 6. *True lethargy of the sexual organs* was sometimes observed in powerful young men who had led continent lives, and generally manifested itself as loss of sexual desire. Phosphorus, ergot of rye, cantharides, and strychnia were indicated in these cases.

DR. POLLOCK thought the functions of the genital organs were so influenced by moral causes that nothing could be predicated regarding the action of drugs in these cases.

MR. HICKMAN could quite confirm the value of iron in the cases referred to.

DR. GIBBON thought the occasional passage of the bougie useful in cases of irritation causing nocturnal emissions.

DR. WILLIAMS believed incontinence of urine was always caused by some local irritation.

REPORT
OF
The Lancet Sanitary Commission
ON THE
STATE OF MARLAND WORKHOUSE, ROCHDALE.

"ON hearing the magistrates' decision, there was some attempt at applause in court."* Such was the termination of a charge of assaulting a pauper brought against the master of the Marland Workhouse on the 23rd ultimo. Although the gravity of the charge was lessened, in the opinion of the magistrates, by the occurrence of great provocation, and the fine inflicted was consequently nominal, yet when it is remembered that such charges are brought under great disadvantages, we can scarcely wonder that conviction of any sort is regarded by the pauper as a subject for applause. From this and other information we received, it was thought necessary to look into the condition and management of the Marland Workhouse; and our Commissioner was despatched to pay a visit.

On his arrival in the town of Rochdale, he found that the news of his coming had preceded him. The chairman of the House Committee kindly undertook to conduct him through the house, and the results of a first visit were confirmed by a second, made in the company of a local magistrate and *ex officio* member of the Guardian Board.

On the 24th ultimo Mr. Basil Cane, Poor-law inspector, attended, and the master of the workhouse was censured both by the guardians and by Mr. Cane.

The Marland Workhouse was erected about six years ago. It was originally intended to accommodate 210 inmates. But the architect arranged that the paupers should sleep two in a bed; and, as this was not sanctioned, the accommodation was reduced. There are now 194 inmates. Fever wards were subsequently built, in which there have been treated a large number of cases of infectious fever, as many as 14 patients being occasionally under treatment at the same time.

In the Report of Mr. Cane presented to Parliament in 1867 all the usual defects of workhouse accommodation were stated to be in existence. The inmates were still sleeping double; the medicines were administered by paupers who could not read; the proper diets and the stimulants ordered by the medical officer often failed to reach the sick; venereal diseases were treated in the body of the house; the means of washing were deficient; and the books generally were in an unsatisfactory state. This report reflects great credit upon the Poor-law inspector, and it became a question of great interest to examine the result.

The main building is erected on the defective plan of a central corridor. The day-rooms are on the ground-floor, where also are the sleeping rooms for imbeciles. There are 24 male imbeciles; of whom 9 are epileptics. Several were at work, and a few confined to bed. There is not an able-bodied person, properly so called, in the workhouse; and, at a recent meeting of the guardians, the necessity of hiring

* Report of magistrates' proceedings in the *Rochdale Pilot*.

servants to do the housework was seriously discussed. In the men's day-room were 8 old men engaged in picking cotton. The male sick wards are upstairs. They are fairly lighted, clean, and wholesome. The beds are good; but the furniture is rather meagre. There are no cupboards, shelves, or lockers. Medicines, in *unlabeled* bottles, were found in a wooden box, with hartshorn and oil, sulphur ointment, blacking, soap, firewood, and other articles too numerous to mention. It was indeed, as the magistrate observed, a regular "box of notions." The patients have bed-head cards, with their names and diet; but the diseases are not given, and there were no written prescriptions in the house. On the landing outside is a sufficient lavatory and watercloset. In the corner of the latter was a stinking urine tub, incrusted with uric acid, &c. The urine is collected, and sold for scouring. There are no baths in this part of the house, and the washing utensil for the bedridden consists of a single tin basin, more like a bucket than anything else. The supply of towels is fair. The whole of this side of the house is under the charge of a paid male nurse. On the female side are 22 imbeciles, of whom 9 have fits. The sick are very insufficiently accommodated in a separate building over the laundry and washhouse. No one was taking any medicine, except cod-liver oil. This side is in charge of a paid nurse, who is the matron's sister. There are no baths. The fever house is entirely separate, and is provided with a kitchen, washhouse, &c.; the whole being in charge of a special nurse. There were several bad cases of fever: one relapsing, and one typhoid. Most improperly, there were other patients in the building—some men and boys with itch, and notably some women, one of whom had a broken arm. In the workhouse there were two school-girls at work in company with a girl covered with venereal skin disease. The want of classification indicates that little or no attention is paid either to the morals of the young or to the spread of infection.

In 1867, the inspector reported that there were "no school-rooms, no good day-rooms for children"; and the arrangement at the present moment is the same. The children are put up in a low two-storied building, having the appearance of two small cottages thrown into one. There were forty children in a small and badly ventilated apartment. The atmosphere reeked of sulphur and impurity. Half the children had cropped hair and sore heads, and a still larger proportion were covered with scabies; Not, however, such scabies as is ordinarily seen even in workhouses, but a disease of many months' duration. The bodies of many of the children were covered from head to foot, and here and there were great patches of indurated, thickened, and in some cases fissured, skin. On the hands of one or two the disease was pustular, and in all there was a chronic state of irritation which was most distressing. Many presented traces of local treatment, and nearly all had been dosed with brimstone and treacle and cod-liver oil. The disease is said to have been introduced about eight months ago, but really nothing is definitely known. The medical officer was not accustomed to visit the school unless specially requested, and it is certain that the disease had been in existence long before it came under his observation. In January last Mr. Cane drew the attention of the guardians to the subject, and it is only right to say that no obstruction has been offered to the suggestions of the medical officer. Since then a great variety of means have been carried out. An order forbidding the admission of other children has been issued; the children have been placed in a separate room for extended local treatment; milk porridge and pea-soup have been discontinued, and in the place of the former the children have bread and milk. Some amelioration has undoubtedly taken place, but it can scarcely be denied that very little or no progress has been made towards the cure of the disease. As might be expected, the children look pale and ill. On inquiry, it was found that they do not consume their food, and that diarrhœa and indigestion prevail; in fact, it became apparent that the continuance of the disease is due to the cachectic condition into which the children have been allowed to sink, and the causes of which were not very far to seek. The schoolmistress has been in the school only a few weeks. She is assisted by a pauper. On close inquiry it was found that the milk supplied is only "skim milk," and that no butter is supplied with the bread. The Saturday's dinner consists of suet pudding and currants, described to be "as firm as a rock." Not more than four or five out of the whole forty are said to eat it, and many never touch it. On Monday, also, it is said that the dish called "lobby"—a compound of mutton and potatoes—is frequently sour; and if the children eat of it (which many do not) it gives them indigestion and diarrhœa. It was said that it is a habit to put the leavings of Thursday's dinner into Friday's pie, which consists of potatoes, and a little cooked meat, baked with crust over them. This dish may be made extremely savoury; but in the country it is sometimes called "ten to one," because there are ten potatoes to one bit of meat. But it further appears that if any of this is left it is kept till Monday, when it is recognised in the "lobby" by the presence of the crust. As no other vegetables than potatoes are used, it is not surprising that the Monday's dinner is sour, as described. All the food for the children is steamed, and served with sloppy broth, which on the day of our visit was left untouched by several children. It is perfectly obvious that—although unintentionally on the part of the guardians—the children are ill fed. Nor are we sure that they have not been occasionally punished by deprivation of their diet. The matron stated that in one case she had kept over a breakfast until dinner, because the girl refused to eat. But there is no entry of such punishments in the book kept for that purpose. The meat supplied is good in quality, but the allowance is somewhat below the average of other workhouses; and as it is not weighed out, there is no sufficient guarantee that the inmates really get their proper quantity.

On visiting the children's bedrooms, it was found that they are low, and badly ventilated. The beds are large, and close together. Twenty-three children sleep in ten beds, so that in some of them there must be three in a bed. An attempt was made to find out who was responsible for this shameful state of things. The nurse stated that she had repeatedly complained of the sour food to the cook and to the matron. The schoolmistress was evidently afraid to say a word. She had not been very courteously treated by the master and matron, and thought it was no part of her duty to do more than teach the children, and carry out the treatment prescribed by the medical officer. The cook and matron denied that any complaints had ever been made, and the former positively stated that all food left was thrown into the pig tub—a statement not confirmed either by the matron or the master.

Next to the children's playground is the piggery, which presented a striking and painful contrast to the state of the school. The animals were in superb condition, and two of them ready for the butcher. Their layers were clean and airy. There were seven of them, but often there are more. No food is bought for them; and as they do not object to some "lobby," they thrive well apparently at the expense of the poor children.

After as thorough an investigation as was possible with our limited powers, the conclusion is that the management of this workhouse is not by any means satisfactory. Beyond the fact of the assault, statements were made by an inmate named Lucy Wilkinson, which indicate the existence of a state of terrorism which has led to the concealment of truth, if indeed of nothing worse. We were assured by the Chairman of the House Committee that, whilst scores of paupers went out from time to time, complaints of harshness or ill-treatment were never made; but, on the authority of a local magistrate, we believe that paupers have a peculiar objection to go into this workhouse, and even prefer to go to gaol.

We are, therefore, of opinion:—

1. That the discipline pursued in the workhouse is not adapted for the aged, infirm, imbecile, sick, and young people who constitute its sole inmates.

2. That the male and female nurses have enough to do in looking after the imbeciles and epileptics without having to attend the sick and aged.

3. That a bath or baths should be constructed in the body of the house.

4. That the dietary needs improvement in quantity and variety. There should be roast as well as boiled meat; it should be weighed, and served up hot.

5. That the classification should be more carefully observed, and none but infectious diseases treated in the fever wards.

6. That the school buildings should be rebuilt at a greater distance from the piggeries.

7. That the dietary of the children should be greatly improved and varied, the currant pudding and sloppy broth being done away with; new milk ought also to be used.

We have left the obviously defective medical arrangements to the last. Some excuse must be made for the medical officer. He lives more than two miles away, and attends, on the average, about four times a week. His salary is £50 a year, or at the rate of 5s. for each visit; and he finds all medicines except quinine and cod-liver oil. The guardians should pay him adequately, and the Poor-law Board should insist upon the work being done in a less slovenly way. The guardians ought to be compelled to find the drugs.

The case before us affords the strongest evidence as to the necessity of employing medical instead of lay inspectors. It is not too much to say that the Poor-law Board do not possess a more intelligent or more competent inspector than Mr. Basil Cane. But it can be no reflection upon a barrister to state that he was utterly unable to appreciate the causes that have led to the unhappy condition in which these children have been found, or to direct the measures which are necessary to relieve them.

In conclusion, we have one other remedy to propose. To prevent the introduction of the workhouse system the ratepayers of Rochdale formerly elected a female Board of Guardians; let them now—at least partially—pursue a similar course to improve the administration of the law. A few lady guardians would be better security against harshness and neglect, particularly of infants and children, than the whole body of inspectors of the Poor-law Board.

ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

LONDON AIR.

ON Saturday evening last (April 16th) a most important paper was read before the members of this Association by Dr. Angus Smith, "On the Composition of London Air." The author commenced by observing that, although the senses were generally reliable for an estimate of the purity of air, they were not to be trusted in individual cases, either as regards the causes of impurity or the effects produced. More precise and scientific evidence was necessary; and that, as a chemist, he had endeavoured to supply. He showed that the constitution of the atmosphere is not by any means so uniform as has been generally supposed. The quantity of oxygen, for example, varies considerably. In some cases it reaches 21·0 per cent.; and even on the hills of Scotland it varied slightly. Instead of being 20·99 per cent., it was reduced in towns to 20·89, and at the back of houses to 20·70 per cent.; and the air was found difficult to breathe when it was reduced to 17·20 per cent.

The amount of carbonic acid varies from 336 to 2500 in 1,000,000; but, in breathing air, carbonic acid is far less injurious than organic matter. It is scarcely possible to perceive 2 per cent. of pure carbonic acid in air, although as little as 7 parts in 1000 generated by respiration would be oppressive and injurious, because it indicates a large accumulation of organic matter. The first object of ventilation is to remove organic matter, and not carbonic acid. When a room is cold, an enormous quantity of carbonic acid may accumulate without danger, because the organic matter condenses with the aqueous vapour on the walls, and is, practically, removed. The carbonic acid ought not to exceed 0·7 per cent. In London the proportion of oxygen and carbonic acid is as follows:—

	Oxygen.
In winter	20·95
In a close court	20·86
In the Underground Railway	20·70
	Carbonic acid.
In winter	0·394 to 0·474
In summer	0·301 to 0·380

All rain water contains common salt, derived from sea-water, but the quantity diminishes as we get further from the sea. As we near towns sulphuric acid increases, being derived from oxidation of sulphur resulting from the combustion of coal and coal gas. In the country this acid is combined with soda and ammonia; but in London there is a considerable amount of free acid, which tends to corrode ironwork, &c. Free sulphuric acid is the prime impurity in the air of manufacturing towns. The total quantity varies from 1 to 15 per thousand.

Ammonia is present in all air. In London the quantity is 3·450 per thousand, as against 1·044 per thousand in the country, and 0·586 per thousand in Scotland. Dr. Angus Smith has adopted the process of Mr. Wanklyn for the determination of organic nitrogen or albuminoid ammonia. The presence of this substance has a direct relation to the death-rate in sixty-eight places in England. The quantity in Scotland is low, 0·063; in England, 0·071; in Manchester, 0·211; in London, 0·205. The relative quantity of albuminoid ammonia found in air washed with distilled water was as follows:—

Innellan, Scotland	100
London	116
A bedroom	173
A court in Glasgow	221
In the Underground Railway ...	271
Air of a midden	302

Dr. Angus Smith stated that he had tried to believe the germ theory of disease, but confessed himself unable to do so. The germs observed might, for anything that he knew, be germs of health; and there were so many other conditions that it was difficult to prove conclusively that they were causes of disease. In conclusion, Dr. Smith thought that, after all, the quantity of albuminoid ammonia would probably be the best test of unwholesome and impure air; and its determination would, perhaps, make it possible to determine a standard of badness and unwholeness, which would justify the diminution of overcrowding, and the forcible demolition of unhealthy dwellings.

A vote of thanks was moved by MR. LIDDLE, of Whitechapel, and seconded by Dr. STALLARD.

Observations were made by MR. EDWIN CHADWICK, MR. WANKLYN, and several other speakers, and it transpired that the whole of the paper would be published in Dr. Angus Smith's Annual Report on the Operation of the Alkalies Act.

ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—The military journals announce that Staff-surgeon Fitzgerald is about to become the head of the Medical Department, in succession to Dr. Crawford. Is there any truth in the statement? And, if so, will the appointment be approved by the army surgeons? As one who would fain believe that the days of official favouritism were over, I should be sorry to hear the first question, and surprised to hear the second, answered in the affirmative; and in the meantime I beg to subscribe myself,

Yours faithfully,

A SCEPTICAL ARMY SURGEON.

THE PROPOSED GOVERNMENT MEDICAL BILL.

To the Editor of THE LANCET.

SIR,—I would suggest that the following addition should be made to Section 22 of the proposed Medical Bill—viz., "That every person, registered or non-registered, giving written advice or a prescription, whether for gain or not, shall sign his or her name in full, with the addition of registered or non-registered, as the case may be, together with date and residence, adding the patient's name and address. Penalty, £20 for each offence." And I would further add, "That any chemist, &c., making up a prescription not thus duly signed, and as above directed, shall be liable to a fine of £10 for each offence."

I am, Sir, your obedient servant,

W. MILSTED HARMER, M.R.C.P. Edin.

North Grove House Asylum, Hawkhurst, April 18th, 1870.

THE LANCET.

LONDON: SATURDAY, APRIL 23, 1870.

THE Government Medical Bill is entitled to great consideration. It is not easy for Governments to attempt to interfere with questions affecting professions. And when they make the attempt their proposals should be fairly judged. This is the spirit in which we have looked at the Government Bill, and, so looking at it, we have come to the conclusion that it is not one that should be accepted by the profession.

The Bill is the expression of an attempt to at once supersede and bolster up old arrangements; and, in order to do this, it taxes and humiliates the profession. In our opinion the corporations are very lightly esteemed in the Bill, and, if they were sensitive, they would resent it. But the profession is not even lightly esteemed in the measure. It is ignored. The Bill does nothing for the body of the profession but prescribe how it shall be examined, and how it shall be mulcted of certain fees, over and above those required to pay examiners, for the purpose of maintaining the libraries, museums, lectureships, &c., of the corporations receiving shares of the surplus paid by those examined.

The Bill does not treat the licensing authorities very flatteringly. These authorities, including the old universities, are represented in the General Medical Council. This Medical Council has never had any absolute power. It could never enjoin any course of procedure absolutely and in the language of authority upon the individual licensing bodies. It could only *recommend*; and, in repeated instances of great importance, its recommendations have been disregarded. Now it is to have no power at all apart from the Privy Council. All its schemes for the composition of examining boards, and all its rules for the conduct of examinations, are to be simply proposed to the Privy Council, which is to sit in judgment upon them, and to have the right of either confirming or modifying them as it may see fit. Could there be a more severe and humiliating reflection on the whole system of licensing and governing the profession by close and interested corporations than is contained in the clauses of this Bill—which, indeed, are its principal feature—which subordinate all the schemes and all the rules of the General Medical Council to the judgment of a department of the Government, which practically will mean — one man. The corporations have got so much care for life and maintenance that it is only too conceivable that, for the sake of mere support, they may acquiesce in proposals which compromise their independence and the self-government of the profession. It is said by some that we must admit the right of State interference. But we see no inconsistency between a due respect to the interests of the State and to the profession at large; and these could be secured very simply by a Bill that would create a Medical Council that should be perfectly independent in its action and at the same time authoritative in its decrees.

Now the great negative feature of this Government measure—if we may so speak—is that it leaves the existing Council untouched, and composed of all the licensing bodies. It deprives these nineteen bodies of their individual licensing function. It does this to the great dissatisfaction of some of these bodies. But, in order to propitiate them, it leaves them to talk in the Medical Council, at a cost of five thousand a year to the profession, and to compose the future three examining boards. It makes no concession to the universal demand of the general practitioners for representation. The framers of it evidently think that the profession has no power in Parliament, and that if the measure bartering away its independence is to be passed, it must be by satisfying the corporations. It does this by leaving them, as at present, the principal elements in the Medical Council, and by enacting that such fees may be exacted from persons examined as will not only pay examiners, but maintain all the existing machinery of the corporations. This is, we maintain, to impose a heavy tax upon those entering the profession, the injustice of which is very obvious. If more efficient examinations mean anything, they mean more expensive medical education. And it seems to us a hard injustice, while increasing the expensiveness of medical education, to charge a sum for examination in excess of that really required to pay examiners. Men should not have to pay much for a mere licence to practise. They should be encouraged to look upon this as the lowest qualification, and to be dissatisfied with it. That two boards have always had to be passed by those wishing to be fully qualified is no reason why in the future double fees should be paid. This is an objection to the Bill which is all the more forcible when it is considered that the Bill makes no concession to the profession. It might at least have contained a clause to the effect that all persons henceforth to be affiliated with any of the corporations in accordance with the terms of this Bill should have a vote in the election of their representatives in the Medical Council. The corporations might, in consideration of the new lease of privilege which the Bill gives them, have made this concession. We are now taught that our highest duty is loyalty to the corporations, and that they are the glory of the profession. It is not explained what they have done to merit this loyalty or to justify this praise, or what there is in the provisions of this Bill to lead us to hope for a more intimate and respectful relation than has hitherto obtained between the profession and them.

Two reasons may be given for accepting this Bill. The first is, that it reduces the number of licensing boards. We see little force in this reason; for already the Scotch bodies have combined to give a double diploma; and the English bodies, and doubtless the Irish bodies too, would soon, out of regard to their own interests, without a new Act of Parliament, do the same. Then it may be said that the time for dealing with the Medical Council is not yet come. We have no faith in future opportunities, like our faith in present ones. After clamouring for years past for a change in the constitution of the Council, we shall not stultify ourselves by ceasing the clamour now, when organic changes

affecting the profession are being proposed in a Government Bill. If the profession is satisfied with a Bill giving a fresh lease to the Medical Council, ignoring the profession, at once snubbing the corporations by distrusting all their doings and subjecting them to control by Government, and leaving them more and more interested in the "trade" of licensing, let it accept this Bill. If it is not satisfied, it must say so unanimously and clearly in the course of a few days, or for a long time hold its tongue.

A PARLIAMENTARY RETURN lately procured by Mr. W. H. SMITH, M.P., at the instigation of Dr. ROGERS, reveals some facts which are very interesting, and invite careful consideration. The document is entitled—"Returns of the Estimated Population in England and Wales during 1864, 1865, 1866, 1867, and 1868; of the gross number of Deaths registered from all causes in England and Wales during the same years; of the gross number of Deaths registered from Zymotic Diseases in England and Wales during the same years, &c.; and similar Returns from Ireland and Scotland."

The first facts which we observe respecting the vital status of the three kingdoms may be represented, in abstract, as follows. England had in 1864 an estimated population of 20,772,308, and in 1868 this had increased to 21,649,377; the general mortality in 1864 reached 23·8 per 1000 of the population, and in 1868 22·1 per 1000; the zymotic mortality in 1864 was 20·04 per cent. of all the deaths, and in 1868 24·3 per cent. In Scotland, the estimated population was 3,118,701 in 1864, and this had increased to 3,188,125 in 1868; the general mortality was 23·72 per 1000 in 1864, and 23·15 per 1000 in 1868. The records of zymotic disease in Scotland only include the years 1864–67; in the first of these, the mortality from this cause amounted to 25·67, and in the last to 18·84 per cent. of the total deaths; but the non-inclusion of 1868 probably gives a much too favourable appearance of progress in this respect. In Ireland, the estimated population in 1864 was 5,675,307, and in 1868, 5,543,285; the gross mortality in 1864 amounted to 16·38 per 1000, and in 1868 to 16·32 per 1000; the zymotic mortality in 1864 amounted to 20·43, and in 1868 to 18·4 per cent. of the total deaths.

The remarkable vital superiority which Ireland is thus shown to possess over both England and Scotland demands very close attention. England shows a notable increase of population (viz., not far short of 5 per cent.) during the five years. Scotland's increase is at less than half this rate. Ireland shows a positive diminution of population during the same period (2·3 per cent.). Two questions, therefore, immediately present themselves: (1) Where did the increased population of England come from? and (2) Where did the vanished Irish population go to?

As regards England, it is of course idle to suppose that superior *fecundity* would account even for its twofold superiority of increase in population over Scotland. But when we come to compare England with Ireland, we are still more forcibly reminded of the inadequacy of this explanation; because the remarkable fecundity of the Irish is notorious. The absolute diminution of the population of that island is, therefore, doubtless due to emigration; and as it is well known that large numbers of Irish pour every year into England, it must be presumed that the depopulation of Ireland has a distinct share in the over-population of England. But the Irish who come to England chiefly invade the cities, and help to swell *their* population—i. e., they assist in that great process of centralisation and overcrowding which is one of the principal sources of the prevalence and fatality of disease, and especially of zymotic disease. It would be a very hasty and improper conclusion, however, that the zymotic mortality had simply been transferred from one island to the other. On the contrary, the bulk of the Irish immigration to England is undoubtedly made up of healthy adults, whose desertion would leave the population of their mother country the poorer in vitality, and the more liable, in proportion to their numbers, to succumb to disease generally, and to zymotic disease in particular. And another large draft of the healthy inhabitants of Ireland is yearly carried to the colonies. Yet, spite of all this, we find the general mortality of Ireland 6½ per 1000 lower than that of England; and the proportion of the zymotic mortality in the former country to the gross mortality 3 per cent. lower than the analogous proportion in England.

It is only when we come to analyse the respective distribution of the populations in the three countries that we begin to understand the main sources of these enormous differences. Something like ⅔ of the total population of England and Wales is shut up in cities of over 100,000 population each, as against about $\frac{1}{7}\frac{1}{2}$ of the Irish population similarly situated; and it need hardly be said that these great towns are the main sources of high mortality, which falls chiefly upon infant life. On examining the detailed headings of so-called zymotic mortality given in the Return before us, we at once remark one item which counts for very much in the excess of English over Irish mortality, and which points unmistakably in this direction—viz., "Diarrhœa." This affection is credited with nearly ⅛ of the total deaths from zymotic disease in England, as against ¼ in Ireland; and we shall hardly be wrong in attributing the bulk of this difference to the comparative *aggregation* of the populations in the two countries: for whether in the epidemic form, or as the result of the neglect of mothers to supply their infants with proper food, the disease is closely allied with conditions peculiar to manufacturing towns, and to a smaller extent with the absence of a supply of *milk* which prevails in some English (but not in Irish) rural districts.

After making all deductions, however, for the inevitable results of increased aggregation of population, it is difficult not to believe that the great inferiority of England's vital status to that of Ireland must depend, in considerable proportion, on inferiority in the means of dealing effectively with disease, especially zymotic disease, among the poor. The Irish Poor-law dispensary system supplies an efficient machinery, not merely for treating individual cases of disease that arise, but also for the constant watching (by means of an inspectorial staff who are periodically supplied with particulars of the public health in the various districts) of zymotic diseases, which are the principal element in the preventable mortality of modern countries. And it may be boldly affirmed that in such matters as the great diminution of fever, and the practical stamping out of

small-pox, which have distinguished the last decade of Irish medical history, the excellent Poor-law medical officers of Ireland have borne a most effective part. And even in the matter of diarrhœa, which we have shown to be largely influenced by circumstances unavoidable in crowded populations, there can be little doubt that the prompt attendance which the poor receive under the Irish system counts for much in the saving of life. We may, perhaps, return to this subject hereafter; at present we can only express our gratitude to Dr. Rogers for having caused the appearance of the interesting and highly suggestive Return on which we have commented.

The question of the mode in which fat originates in the animal economy, and especially whether it is derived from the albuminates, though frequently asked, has never received a perfectly satisfactory reply. Yet it is one that is of equal importance and interest to the physiologist and to the practical physician. In the last part of the *Zeitschrift für Biologie*, an essay appears on this subject from the pen Dr. Victor Subbotin, of Kiew, in which he gives the principal conclusions at which he has arrived from his experiments that have been published in a more extended form in the Russian language, in which we fear they would have long remained, to English readers at least, unknown. The points he proposed to himself to elucidate were the following:—1. Does a direct passage of fat take place in the animal organism from the intestinal canal into the adipose tissue? 2. Do the fats develop within the elements of the adipose tissue?—and if so, do they take origin from the albuminates, the hydro-carbonaceous compounds, or from both of these together? 3. Does a synthetic development of fat occur in the animal organism in the mode suggested by Kühne? Kühne's hypothesis, we may remark in passing, essentially consists in supposing that, in the production of fat, glycerine, on the one hand, or the fatty acids on the other, are absorbed from the intestines; and the compounds required in each case to make a complete fat are formed in the body at the expense of albumen or albuminous compounds, the fat-cells being the agents by which the union of the two is accomplished. In regard to the first point, he fed a dog with spermaceti, together with other food; and then, finding it was well digested and wholly absorbed, sought for it in the adipose tissue of the body generally, but without success. And he feels himself justified in concluding that, so far as regards the carnivora, a direct passage of fat into the adipose tissue does *not* occur. In regard to the second point, a lean hound was fed with meat carefully freed from fat, and palm oil. After it had fattened, an examination of the fat from various parts of its body showed that a considerable quantity of stearine was present as usual, though this substance was not contained in the food, and must, consequently, have been developed in the body of the animal itself. In another case it was fed with meat and a soap from which all the olein had been removed by crystallisation in alcohol, and which consisted of palmitate and stearate of soda alone. And here, again, when the animal had fattened, which it did in six weeks, its tissues were found to contain abundance of olein, which, he therefore concludes, was produced, in part at least, from the albuminates; since only in this mode could the persistence of the fats peculiar to certain animals, or even of the ordinary fats present in all animals, be explained. M. Subbotin proceeds to show that the fat of the internal organs is richer in fats that, like stearine and palmitin, are difficult of fusion, whilst that of the subcutaneous adipose tissue is richer in olein; and he attributes this difference to a difference in the conditions affecting the chemical processes concerned (especially the temperature of the parts), which leads to a more perfect conversion of the albuminous compounds into fats in the deeper-lying parts, and a less complete conversion in the more superficial parts of the body. In support of these views he also adduces the fact that olein preponderates in the fat of the cold-blooded vertebrates; that the more solid fats occur in greater relative proportion in the bodies of animals at the commencement of fattening, when all the processes are in greater activity, than when they have laid down much fat. And, lastly, he refers to pathological conditions. He considers the general results of his own experiments and those of others to afford no evidence that the albuminates undergo conversion into carbo-hydrates before conversion into fats; and, upon the whole, he appears to be opposed to the hypothesis of Kühne, without, however, so far as we can make out, propounding any theory to supply its place.

The *Pall Mall Gazette* suggests that, because Poor-law appointments are so frequently made subordinate to other considerations than the welfare of the sick poor, a special staff should be employed. A very few considerations show how impracticable such a suggestion is. In the first place, in the country districts which are already scarcely able to remunerate a medical man for his services, it would be still more difficult to keep one specially for attendance on the poor. In Ireland, medical practitioners are invited to become Poor-law dispensary surgeons, in order that the ratepayers in the district, as well as the poor, may enjoy the advantage of a resident medical officer. Besides the enormous expense which a permanent staff would entail, it must be observed that the conditions of service are not such as would secure by any means the best men. The pay for attendance on the poor can never go beyond the verge of a very rigid economy. There is no prospect of promotion, and the retiring allowances would not be sufficient to enable anyone to live. Moreover, the duties are too disagreeable to tempt any man to pass his life in them; and the continuance of official routine tends to destroy all interest in professional advancement. Private practice affords the true incentive to industry and professional zeal, and reputation is the very best guarantee that public duty shall be properly performed. A Poor-law staff would inevitably consist either of extremely young and inexperienced members of the profession, who would only remain long enough in the service to suit their own purposes; or, on the other hand, of older practitioners who have failed to secure the confidence of the public whilst in private practice.

Even in the case of workhouses we deprecate the employment of a special staff. We are of opinion that the practice of placing several hundred patients under the charge of a single resident medical officer is entirely wrong. Such an

officer is neither the servant of the guardians nor of the Poor-law Board. He is subject to no immediate control, and to a large extent he is beyond the influence of public opinion. His position is altogether false; and, although a resident surgeon is doubtless necessary in hospitals like that at Highgate and in many workhouses, yet all such institutions should be visited by medical men of judgment and experience, whose position in society is calculated to secure, and if necessary enforce, the proper treatment of the poor in all respects. We believe the inefficiency of the Poor-law medical system to be due chiefly to the inadequate salaries and overwork. We consider that the duty of attending the poor should be made more satisfactory by the general provision of dispensaries (the guardians finding drugs), and by a more equitable division of the work. Medical men should be invited to share the duty of attending on the poor, and should be fairly remunerated for their services. Under these circumstances public opinion would have its proper weight, without the employment of a special staff. Indeed, we deprecate this tendency to rely on special means. We have already too great a division in the public services, and too wide a separation of our public medical departments from civil practice. All would be benefited by consolidation and freer interchange; and we should welcome proposals which would tempt an earlier retirement from the naval and military services, in order that Poor-law, criminal, police, and civil practice might reap some of the many advantages those services secure, but which cannot be obtained in civil life.

Medical Annotations.

"Ne quid nimis."

THE TITLE OF PHYSICIAN.

WE should think that the feelings of the Fellows and Members of the Royal College of Physicians, just now, must be anything but enviable. Sir Roundell Palmer and Mr. Denman, Q.C., standing counsel to the College, have (as will be seen by a communication in another column) been consulted on the question whether the licentiates are justified in assuming the title of physician, and they have replied that they are clearly of opinion that the licentiates of the Royal College of Physicians, who have obtained their licences to practise physic subsequently to December the 22nd, 1860, are entitled to call themselves physicians, and to hold appointments as such.

Anything more unsatisfactory than this decision to the gentlemen who have paid so heavily in money and in trouble for the position of Member or Fellow of the College can hardly be conceived; for not merely are they confounded in name with a distinctly inferior order of practitioners, but they are liable to be opposed by the latter in competition for hospital appointments and the like, which were formerly supposed to be distinctly reserved for men of the consulting class who had taken the membership or fellowship of the College, and voluntarily surrendered the right to practise in certain branches of the profession. At first sight it might appear that the Fellows have a much greater grievance than the Members, if only because they have paid about three times as much money as the latter; but, on the whole, there is a tangible distinction in the Fellowship, which makes it impossible that the holders of it should be confounded with the mass of licentiates. But the Members will be left absolutely nowhere. They will be infinitely worse off than the general practitioners who have taken the licence, and have *not* renounced any of the more commercial advantages of general practice.

Nor is this matter a mere personal grievance to the holders of certain vested interests. The best interests of the profession demand that those who aspire to the position of consulting men should prove their sincerity and their confidence in their own ability to support themselves by this kind of practice, by resigning the special advantages of general practice, and by deliberately setting before themselves, in the opening of their career, a life of frugality, self-denial, and devotion to those more abstract questions of medical science which the busy general practitioner can never have leisure to investigate. We deny that any true interests of medicine can be served by making the honourable title of physician so cheap that it may be obtained at the very trivial expenditure of brains and money which will enable anyone to pass the examination for the licence of the Royal College of Physicians.

MEDICAL ACTS AMENDMENT.

SOME suggestions for the consideration of the Executive Committee of the General Medical Council have been submitted by a member of that body, the main features of which are as follows:—

The first suggestion is to do away with the power which the Council has, under Section 18 of the Act of 1858, to direct visitations to be made of the several professional examinations. We earnestly hope, on the contrary, that this power will be extended and enforced.

The next suggestions are that clauses should be framed in a new Medical Bill, embodying the resolution of the Council with respect to preliminary education, and also providing for the formation of three licensing boards. Then that clauses should be inserted giving power to the Medical Council—

"1. To lay down rules, substantially the same for the three divisions of the kingdom, as to the amount of general knowledge to be required from all students, and as to the nature and extent of professional education and study; to require information from medical schools and hospitals relative to their means for affording proper instruction; to have the power of visiting them, and of suspending the recognition by the examining boards of certificates from such schools and hospitals as are found insufficiently provided for this purpose.

"2. To direct the number and nature of the examinations to be held relating to professional science and practice, and to modify from time to time the number of examiners according to the number of subjects examined into by the three boards."

It is next proposed—

"To repeal Clauses 20 and 21 of the Medical Act, and to frame new clauses giving similar powers to the Medical Council to visit by assessors or otherwise the professional examinations of the new boards, and after due warning to suspend the power of granting its certificate, or report to the Privy Council, if either of the three boards fail to carry out the regulations of the Medical Council.

"To frame a clause allowing all persons who shall possess a qualification entitling them to registration before the passing of the Amended Act, to register such qualification within (say) a year in the case of those residing in the United Kingdom, or two years in the case of those abroad, without having been examined by one of the three new boards.

"To alter Clause 22 of the Medical Act, so that it may relate to any one of the new boards without naming all the 'colleges or bodies' which will unite in forming it, and whose qualifications will come under the operation of the clause."

It will be observed that all these suggestions have refer-

ence to the Medical Act of 1858, which the General Medical Council has always been anxious to tinker at, but has always supported, as securing its own existence intact. Many, if not most, of these suggestions are rendered unnecessary by the proposed Bill of the Lord President of the Privy Council.

RETROGRESSION AT THE COLLEGE OF SURGEONS.

IT will be remembered that on the Tuesday preceding the memorable meeting of the Fellows and Members of the College of Surgeons on March 24th, the Council of the College passed two most important resolutions affecting the constitution of the Court of Examiners. The first was proposed by Mr. Humphry in the following terms: "It is desirable that not less than one-half of the members of the Court of Examiners shall be Fellows who are not and have not been members of the Council; and that this resolution shall be carried out as soon as possible." We have now to announce that at the meeting held on Thursday, the 14th inst.,—from the season naturally a small one,—Mr. Hilton thought fit to move the non-confirmation of this proposition, already passed at a special meeting of the Council. Mr. Humphry was unfortunately not present to defend his own proposal, and it would doubtless have been nullified had not Mr. Charles Hawkins called attention to the unfairness of disposing of the resolution in the absence of the proposer, and the minute relating to it was therefore postponed to the next meeting of Council.

It does not require a seer to discover the meaning of Mr. Hilton's proposition. That gentleman's first quinquennial period of office as an examiner expires on the 4th of July of this year; and as there are besides himself six other examiners already in the Council, it became evident that if Mr. Humphry's motion stood, it would be impossible for Mr. Hilton to hope for re-election to his present valuable office. Of course the other six examiners in the Council sympathised with, and were ready to support, their afflicted brother, particularly Mr. Quain, whose time is also up in October, when he and Mr. Skey complete their periods of office. Thus, practically, all that was done at the previous meeting has been undone, or at least postponed, and the Fellows and Members at their next meeting will know how to trust proposals arrived at when the Council was in terror of the impending meeting of its constituency, and how soon good resolutions fade away when the rod is withdrawn.

Mr. Hilton's conduct appears to us the more indefensible since he has already enjoyed the Presidency of the College, having been re-elected to the Council by the Fellows in 1866, specially that he might not be deprived of that honour in the following year. He has enjoyed every honour and emolument, without exception, which the College is able to offer him; but he now stands forward as the champion of a retrogressive policy, in direct opposition to the wishes of the majority of the corporation of the College.

PROFESSIONAL CONFIDENCE.

WE publish elsewhere a letter from "A Barrister," founded upon the evidence of Mr. Griffin of Ledbury, in the case of Martin *v.* the Rev. John Jackson, as reported in the *Daily News* of the 12th inst. Judging only from that report, it seems that a single woman, in domestic service, came to consult Mr. Griffin at his surgery. She came three times, and on the third occasion he taxed her with being in the family-way, and said that he should acquaint her master and mistress with her state. She "flew into a violent temper, said he wanted to take her character away, and that she would take proceedings against him." Shortly afterwards he went to her master's house for the purpose of giving information about her state, and communicated his opinion to her master and mistress.

Now it is very possible that Mr. Griffin, in the course thus briefly described, may have been influenced by reasons that were at least plausible. It is all the more necessary to point out that his conduct was perfectly unjustifiable; and that it was as much opposed to the ordinary custom of the profession as it was contrary to the public advantage. Medical men are everywhere and always assisted in their daily work by the general belief that they keep secret whatever comes to their knowledge in the exercise of their profession; and such an indiscretion as that committed by Mr. Griffin is calculated seriously to diminish public confidence in this respect. The rule to keep a patient's secrets has only one exception: in the fact that a medical practitioner has no privilege of silence in a court of law. There he is bound to speak; everywhere else he is bound to hold his tongue. Cases constantly occur in which it seems at first sight desirable to tell something to somebody; and in which the doctor may with propriety seek the permission of the patient to make some disclosure. In the pregnancies of unmarried women, or in the venereal diseases of very young men, it may be desirable to urge the propriety of confession, and to offer to be the medium through which confession may be made. But if the patient's permission be withheld, there are probably no circumstances that would justify a doctor in betraying him; and there are certainly none that could justify him in volunteering the betrayal. Mr. Griffin will probably urge something in extenuation of his conduct; but he must see that if every practitioner were at liberty to frame his own set of exceptions, the rule of silence would become entirely worthless. Some doctors would systematically tattle to parents and relations, some to employers, some to neighbours, some from love of gossip, some from mere leakiness of mind. The security that patients now feel would be destroyed; the manifold advantages that now spring from their unreserve would be lost. And it must be remembered that, when it is proper to speak, the doctor can always exert considerable influence in showing that propriety to the patient, and obtaining from him the necessary sanction. We are quite sure that no medical man will be safe, or will avoid bitter and unavailing regrets, who does not recognise that a patient's secret is the patient's own property, and that its betrayal is a breach of trust.

WORKHOUSE REFORM.

WE have much pleasure in calling attention to a document which may convince even the most sceptical and disheartened of Poor-law reformers that some tangible good has been done by the agitation on this subject during the last few years. A Report by Dr. Dudfield, the very efficient medical officer to the Kensington Workhouse of the St. Margaret and St. John's (Westminster) Union, informs the guardians of the remarkable improvements which have been effected since the year 1865. It will be recollected that in that year our Commissioners had occasion to report in very severe terms on the condition of the Kensington Workhouse and Infirmary of the Westminster Union. At the same time we fully recognised the efforts which the medical officer was making to improve the condition of the sick under his charge; and we mentioned that the appointment (at his suggestion) of one paid and skilled nurse had already produced a remarkable diminution of the mortality in the establishment. Since that time a variety of improvements have been introduced, for which we should be glad to give the guardians full credit; but we can only find space here to dwell upon the important item of improved nursing, the

consequences of which have been so remarkable as to possess the highest public interest. There are now altogether eight paid and skilled nurses. Now the average annual deaths in eleven years and a half, ending in 1864, amounted to 18·60 per cent. of the average workhouse population; but in the period of five years ending Christmas, 1869, coincidently with the improved system of nursing, it was only 14·30 per cent.: and this, be it observed, is notwithstanding a very large increase in the population, entailing in some years dangerous overcrowding; notwithstanding, too, a great increase in the number of *children*—a class among whom the death-rate is of necessity proportionally high. Nor is this all the advantage gained; for the improved style of nursing, besides increasing all the comforts of the sick immensely, has brought about an economy in the items of stimulants and other extras which has actually saved the guardians a larger sum of money than the total expenditure on the salaries of all the paid nurses. The lesson of these facts is too obvious to be ignored. We have persistently maintained, throughout the agitation which was inaugurated by the Reports of our Commissioners, that improved treatment of the pauper sick would produce important economic results; and it would be impossible to devise a more triumphant demonstration of the justice of this opinion than is afforded by the statement of Dr. Dudfield's interesting report. We are glad to see that the Westminster guardians have expressed their sense of the importance of these facts, and their obligations to the medical officer by whose meritorious exertions the improvements of their workhouse and infirmary have been so successfully carried out. The Westminster parishes are now amalgamated with St. George's, Hanover-square, to form the St. George's Union; and we can only express the hope that the new board may continue these wisely liberal reforms, and may be served by medical officers as conscientious and as efficient as Dr. Dudfield has shown himself to be.

THE BUCKS GENERAL INFIRMARY.

IN THE LANCET of Feb. 26th, we published a letter from a "House-Surgeon," in which our opinion was asked as to the fairness of his being called upon to resign his appointment in consequence of an oversight in the application of splints, from which no harm resulted, and for which mischance his senior officer, the surgeon of the week, it was alleged, was pretty nearly as much responsible as himself. We considered his case a hard one, and asked, if the house-surgeon was to be dismissed, what was to be done to the surgeon himself? All need for reticence with respect to the case being now at an end, we may say that the gentleman in question was the house-surgeon of the Bucks Infirmary, at Aylesbury, and that his office was duly filled up by the selection of another young surgeon, at the end of last month.

After a perusal of the proceedings on the occasion, as reported in the *Bucks Herald*, and after reading a letter by the late house-surgeon, whose name we purposely withhold, in a subsequent number of the journal, we cannot but think that the gentleman in question has received but very scant justice, and that his seniors, the surgeons, Messrs. Ceely, J. H. Ceely, and Hooper, did not give him that support which, as a professional brother, he was entitled to at their hands. It is true that the house-surgeon *resigned*, but this was only under unfair pressure brought to bear upon him by two members of the Monthly Board, acting, as it turns out, independently, but presumed at the time to represent the Board itself. A resignation thus obtained ought never to have been accepted.

SANITARY STATE OF HAMPTON COURT.

DR. BARTON has not spoken a minute too soon in calling attention to the drainage and water-supply of Hampton Court village. On the north side of the green, from the gates of Hampton House to the gates of Bushy-park on the Kingston-road, a distance of about 350 yards, there are, it seems, twenty-four houses bordering on the park. From these the sewage drains into no fewer than forty-six cesspools, of which twenty-five are in the park, immediately under the windows, while the rest are in the little gardens in front. Most of the houses have more than one of these cesspools, which being sunk in gravel, and so constructed as to let the sewage infiltrate the soil, require to be emptied less frequently. For almost every cesspool these houses have a well placed between the cesspool and the Thames, so that the impregnation of the water-supply with the sewage is a result as certain as such an ingenious arrangement can render it. On testing samples of the water from these wells with permanganate of potash, Dr. Barton found them loaded with organic matter, much of which he rightly infers to be animal. The town of Hampton has been in a similar non-sanitary condition ever since its sewage has been denied an exit into the Thames. In a few weeks that palatial vicinage, the health-resort of many a summer resident and the scene of many a holiday junketing, will be crowded with multitudes little conscious of the fever preserve into which they have ventured. We echo Dr. Barton's demand for some authority to compel the parish of Hampton and the local board of Hampton Wick to find a remedy for this sanitary evil without delay.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

WE beg to call attention to the approaching quarterly meeting of this Association, which will be held on Wednesday, the 27th inst. No one can doubt that the work which this Society has done has been of great value in forwarding the movement towards increased efficiency in the treatment of the sick poor, and has most materially aided in improving the position of Poor-law medical officers throughout the country. We trust that a large attendance of parochial medical officers and others will attest the hearty support which the profession accords to the valuable labours of the President and Council of the Association.

HYSTERIA.

MR. DE BERDT HOVELL has been endeavouring in various communications to the profession to bring us to sounder views and a more considerate treatment of hysteria. He especially objects to the name, as implying a uterine origin of the disease. In this he is right, as hysteria certainly proceeds often from other than uterine causes, and occurs in male subjects. This, indeed, is now universally recognised by writers on the subject. While admitting this, we must say that we do not see much analogy between the cases quoted by Mr. Hovell of sudden death from shock, of the British army approaching Magdala fatigued almost to demoralisation, and the labouring man buried by a slip of earth, cold and almost pulseless, and becoming *hysterical* as he recovered, and the ordinary case of hysteria, which does, as a matter of sound observation, occur for the most part in women, and in women from about the age of puberty to the termination of the menstrual period. The disposition to exaggerate painful sensations, the morbid craving for sympathy, and the tendency to simulate or deceive, are the most characteristic elements of hysteria. Mr. Hovell represents the state as essentially one of depression, whether physical or moral; that the symptoms have a real existence, and should be treated as if they were real; that it is an

aggravation of the patient's distress to have her symptoms doubted and disregarded. These points are very important, and will be generally conceded. Mr. Hovell attaches great importance to the moral or psychical origin of symptoms, and evidently thinks that the disease often arises from moral shocks, such as grief, fear, anxiety, disappointed hope, broken confidence, &c. These should certainly be regarded, and, as far as may be, removed. Mr. Hovell would have us treat hysterical patients more considerately, as we treat other patients whose moral sense or whose feelings are perverted. This, too, is right. But it comes of the very nature of real hysteria that it does not bear pity well. Too much sympathy would do it harm. The truth seems to be that we include too many states under the same name. Where we have merely to do with hyperæsthesia, and have this associated with depressed strength or anæmia, or with depressing moral circumstances, the case is clearly one for cheerful and attentive treatment, for tonics and all strengthening influences, and for the rectification of any error of function which, as a matter of fact, will often be uterine. But even here the error of uterine function may only be an effect, a symptom—not a cause. But when the deceitful or exaggerating tendency coexists with tolerably good physical condition, the case may still be one for pity, but it must be a very wise pity; and the patient will not be the worse for understanding that the practitioner takes different views of her case from those which she holds. Mr. Hovell goes so far as to cast the ægis of his pity over "the Welsh fasting girl." "The poor child was not the cause of the juggling, but the victim of it." *De mortuis, &c.* But we should not regard her as quite so innocent as this sentence would imply, albeit we quite agree with Mr. Hovell that the object of treatment, even in such cases, is to relieve the condition which leads to such painful results.

THE CIVIL SERVICE ESTIMATES.

FOR the heterogeneous requirements of the State, not coming within the category of the Naval or Military Services, the Chancellor of the Exchequer has had to provide in his Budget of this year the round sum of £16,416,265, or about £100,000 in excess of the same estimates for 1869-70. The increase is rather apparent than real, as a measure of cost, inasmuch as there is a tendency every year to bring items into the Civil Service account which were formerly borne by the Consolidated Fund or otherwise.

This bulky volume of nearly 600 pages is much more interesting to study from a taxpaying than a medical point of view. Nevertheless, the profession is not a little concerned with some of its details. Thus, the Poor-law medical service of the United Kingdom creates a charge on the revenue in respect of salaries, drugs, appliances, &c., amounting to £187,856; this is nearly £3000 in excess of the sum voted last year, the increase being entirely in the English account. It may be well to state that of the £187,856, England stands for £115,000, Scotland for £10,200, and Ireland for £62,656. The charge for the English Lunacy Commission used to be borne by the Consolidated Fund; it is now brought into the estimates, and so we are enabled to see that the Whitehall establishment costs the country £15,390 in salaries and expenses: whether the investment is a satisfactory one may, we think, be questioned. The Scotch and Irish Lunacy Commissions take £6046 and £3800 respectively. Fees to certifying surgeons under the Factories Acts are provided for to the extent of £3000, which is less by £600 than the vote of last year. The medical officer of the Privy Council has, we are glad to notice, been advanced in salary from £1500 to £2000; and it may be remarked that "expenses of inquiries under Public Health Act" are estimated for the current year at £23,000, against £1300 in 1869-70. Other medical charges, such as vaccination, &c., classed under the head of the Privy Council office, remain virtually stationary. The Royal Mint having no longer a scientific head, the necessary science has had to be supplied in other ways; one of them being the appointment of a "Chemist to the Mint," with a salary of £200, and an "attendant on chemist," at £50. The Rivers Pollution Commission is set down for £5300, and the Royal Sanitary Commission at £1300.

MEDICAL SOCIETY OF LONDON.

THE annual oration of this Society will be delivered by Mr. Francis Mason, F.R.C.S., of the Westminster Hospital, on Monday, May 2nd, at 8 P.M., at the Hanover-square Rooms, instead of at the Society's ordinary place of meeting in George-street; in order both to afford increased accommodation to the Fellows and their friends who are expected to attend on the occasion, and for a *conversazione* which will follow the delivery of the oration. Mr. Mason has, we understand, prepared a valuable and interesting epitome of the Transactions of the Society since its establishment in 1773; in which many quaint and curious matters are to be found, and many recent "discoveries" in medical science are shown to have been well understood by even the earliest members of the old Westminster Medical Society. The epitome conveys to the mind, in a forcible manner, the kind and degree of the progress which medicine has made during the last hundred years.

EXAMINERS TO THE UNIVERSITY OF LONDON.

AN event of some degree of importance, as bearing on the higher education, will take place on the 27th inst., when the examiners to the University of London are to be elected. These gentlemen are not required to be members of the University, nor even natives of England. In this provision the University of London shows a truly catholic spirit. That the examiners will be men of distinction we may very confidently predict. There may, possibly, however, be an undue preponderance of examiners from the same school, so as to lend some degree of support to charges of favouritism. Obviously, the same medical school should not furnish both examiners in any branch of science. We observe that there is a vacant examinership in chemistry, and that the other examiner is Dr. Odling. Plainly, therefore, St. Bartholomew's should not supply the vacant chair.

MARLBOROUGH COLLEGE.

A SPECIAL meeting of the Council of Marlborough College has taken place. THE LANCET Report was read and considered, and great satisfaction was expressed at the definite suggestions it contained. It was resolved to take immediate steps to increase the accommodation by the erection of some additional masters' houses, and in the meantime the Easter holidays have been prolonged in order to make the improvements recommended in our Report. A considerable diminution in the number of beds will be made in the old and new houses, and in future every boy will have a sufficiency both of area and cubic space. Special means of ventilation will be introduced into those parts of the building where the late epidemic was most severe. Additional means of warming, lighting, and ventilating the large schoolroom will greatly add to the comfort of that room, and the dining-hall will also be improved. Directions have likewise been given to amend the ventilation in the sick-house, and it is contemplated to improve the dietary by the addition of a fourth meal or supper. Every part of the College will be thoroughly dis-

infected, and we may confidently hope that there will be no danger of resuscitating the malady when the boys return; indeed, so far as good sanitary arrangements and a fine air may be relied upon, Marlborough College may consider epidemics of scarlatina as matters of the past.

HOSPITAL REFORM.

THE success of the recent meeting of the metropolitan hospital officers, under the presidency of Sir W. Fergusson, to consider the question of hospital out-patient administration, has had the effect of galvanising into momentary activity the supporters of the committee appointed with a similar object in view by the Metropolitan Branch of the British Medical Association. It will, perhaps, be remembered that in the early part of last year two or three somewhat excited and slightly pugnacious meetings of the members of the above Branch were held under the presidency of Mr. Erichsen, the greater part of the time being occupied with personal wrangles between the supporters of general and special institutions respectively. A large and very heterogeneous committee was appointed, it is true; but this was never called together, for the reason that the object of its chief promoter was sufficiently fulfilled when the meetings had taken place, and when the scheme of a Royal Commission on hospitals had been ventilated.

One or two active members of this Metropolitan Branch (which by no means includes the whole even of the six hundred members of the Association resident in Middlesex) are now desirous of calling the committee together; but we trust they will pause before doing so. In the first place, one committee is surely enough; secondly, many gentlemen who were put upon the first are serving on the second committee, and will not be inclined to undertake double labours; thirdly, the committee nominated last year necessarily included none but members of the so-called Metropolitan Branch, whereas the new committee has been placed on a much wider basis. The Metropolitan Branch cannot complain of the question being taken out of its hands, since a year had elapsed without any meeting of the committee; and well-known circumstances, to which we need not further allude, rendered it unlikely that it would ever be summoned for business.

THE NAVAL MEDICAL SERVICE.

THE *Gazette* of the 15th inst. announces the retirement, under the Order in Council of Feb. 22nd, of numerous naval officers, and among them are nine staff officers, twelve surgeons and three assistant-surgeons. Some of these gentlemen are comparatively young in the service, and are retired on account of physical incapacity for service in trying climates. Among the retired paymasters we notice the name of a gentleman who devoted his periods of half-pay on shore to the study of medicine so zealously that he became a member of the College of Surgeons of England in 1868.

KING'S COLLEGE, LONDON.

MR. JOHN WOOD, F.R.C.S., has succeeded to the Chair of Surgery in King's College resigned by Sir Wm. Fergusson, and also to the Surgeoncy to King's College Hospital, vacated by Mr. Partridge, who retains the Chair of Anatomy as heretofore. We congratulate Mr. Wood on the well-deserved promotion he has thus attained, although his loss will be severely felt in the anatomical department of King's College, at least by those students who aspire to a practical knowledge of the human subject. The vacancy for an assistant-surgeon caused by Mr. Wood's promotion will be at once filled up, and Mr. Fairlie Clarke and Mr. Royes Bell are candidates for the post. Might we venture to suggest that three days a week of out-patient work is too much for any young surgeon, and that the staff at King's College Hospital might be advantageously increased, whilst the number of attendances is diminished to two a week.

One disagreeable topic in connexion with the above appointments it is our painful duty to remark upon, and that is the fact that the vacant surgeoncy to which Mr. Wood succeeds has been obtained by the Council of the College entering into a pecuniary arrangement with the previous holder of the office. Holding as we do that such an arrangement, even when sanctioned by the ruling authorities, is perfectly unjustifiable—if not illegal,—we should like to know what the official governors of King's College, among whom are the Lord Chancellor, the Archbishop of York, and the Secretary of State for the Home Department, have had to do with it; and whether this is not another proof of the mismanagement of those in whose hands the practical work of the College is left.

THE GENERAL MEDICAL COUNCIL.

A MEETING of the General Medical Council has been specially convened by the President for Thursday, the 28th inst., at 2 P.M. As the rooms of the College of Physicians will not be available on the present occasion, owing to the occurrence of examinations on the day fixed, it is probable that the Council will assemble at the College of Surgeons. It is evident that some business of importance must be thus drawing the Council together, for at a meeting of the Executive Committee on the 8th inst. it had been resolved to defer the meeting of the Council to consider the proposed Medical Bill until it was ready to be introduced into the House of Commons. Possibly the feeling of the majority of the members has overruled this opinion of its Committee.

SANITARY CONDITION OF STAMFORD.

THE official report of Mr. J. Netten Radcliffe on the inquiry made by him last autumn into the sanitary condition of Stamford has now been issued. Extensive outbreaks of typhoid fever in 1868 and 1869 clearly pointed to the existence of grave sanitary defects, and Mr. Radcliffe's report shows the magnitude these had attained. "A subsoil, in which the ordure of generations has been carefully stored up beneath the dwelling houses, and which, when not sodden, is veined with filth; an atmosphere tainted by the emanations from the fæculent soil; and drinking-water laden with excremental refuse"—these, says Mr. Radcliffe, are the conditions which most contribute to the production of typhoid fever, "and these exist largely in Stamford." The fact that there are two distinct local authorities in the town, each possessing independent powers for carrying out certain necessary sanitary works, is fatal to the thorough and systematic action required by Mr. Radcliffe's recommendations; and although he pointed that out in November last, we believe no steps have as yet been taken for consolidating the joint powers of the two authorities under one responsible executive. And, as a striking commentary on this dilatoriness, we note that the *Lincolnshire Chronicle* of Friday last states that "fever is again prevalent in Stamford," two deaths having occurred in one house within a week. Mr. Radcliffe in his report refers to the state of the river within the town limits; he says it has been converted into a foul cesspool by "ponding"—an operation which has furthermore waterlogged the site of houses on the north bank, and has thereby materially assisted in the development of fever. This damming of the stream appears

to exist for the sole advantage of a mill below the town, which mill is the property of the corporation. Thus one of the sanitary defects from which the town suffers is directly chargeable upon one of the local authorities.

POLLUTION OF THE THAMES.

WE apprehend that any serious attempt to prevent the pollution of our rivers must eventually include the Thames; and it is satisfactory to find so competent a judge and so practical a man as Mr. Rawlinson expressing an opinion in favour of the possibility of utilising the sewage of the metropolis. That gentleman calculates that seventy thousand acres of land would be required, and that the returns would be one million per annum. In these days of want of employment both for capital and labourers, it seems a great pity that so promising a scheme should be waiting for lack of confidence. Perhaps, when the government of London is reorganised, something will be done by way of guarantee. For ourselves, we regard it as only a question of time; for we believe that both landowners and farmers will eventually pray the municipal authorities of large towns to bring a sewer within reach of their lands.

ROYAL INFIRMARY OF GLASGOW.

AT an adjourned meeting of the Directors of the Infirmary, held a few days ago, to consider the proposed alteration in the medical organisation of the institution, it was resolved—

"1. That the physicians and surgeons be elected for a period of five years, being eligible for re-election.

"2. That any of the physicians and surgeons may give clinical lectures, subject to such conditions as may from time to time be laid down by the managers.

"3. That the ordinary medical staff of the infirmary shall consist of five physicians and five surgeons (the present number being four).

"4. That the hour of visit shall be 9 A.M., being half an hour later than at present."

We entirely approve of the first three of these resolutions. Hospital appointments should be for a limited time. Five years is perhaps rather too short a period, but, with the rule of re-eligibility, it will probably work well. We believe in the free trade principle in clinical lectures and in all other kinds of medical teaching. And the enlargement of the staff of the infirmary is only a natural result of the great increase of population, as well as a proper concession to the feeling that the work and honour of hospital appointments are distributed too sparsely, whether we consider the interests of the poor or the profession.

POISONING BY MISADVENTURE.

AN unfortunate case of poisoning by mistake has occurred in the practice of Mr. Johnstone, of Upholland, near Wigan. On the 27th ult. a collier applied to Mr. Johnstone, suffering from intestinal worms, for which that gentleman prescribed two powders, containing the well-known vermifuge, santonine; and, after entering the prescription, he proceeded to dispense the medicine with his own hands. Unhappily, the cupboard to which he repaired for the santonine contained a bottle of strychnine, with no "poison" label attached, and from this Mr. Johnstone dispensed the powders, the first of which proved fatal to the unfortunate patient. Mr. Johnstone does not appear to have long occupied the branch surgery where the fatal mistake occurred, and certainly, as the jury's verdict recorded, more blame is due to the person who placed the strychnine bottle in the cupboard without a proper label than to the unfortunate person who was thereby led into error.

UNIVERSITY OF EDINBURGH.

AT a meeting of the University Court on Thursday, the 14th inst., the lectures on Surgery of Dr. John Chiene were recognised as qualifying for graduation; while Professor Turner's appointment of Dr. Morison Watson as demonstrator of anatomy was approved. The arrangements proposed by Professor Balfour for a separate course of lectures on Botany, for female students of medicine in the University, also received the sanction of the Court.

BRIGHTON SALT-WATER SUPPLY.

Is it because the authorities of Brighton are fearful of an *émeute* amongst the water-carriers that they have refused permission to the Brill's Bath Company to supply sea-water to private houses? The Company have already several miles of piping laid down through the western portion of the town, and they are obliged to supply baths and hotels on the route with fresh sea-water, but are forbidden to do so in the only case in which it would be remunerative. Nevertheless, it is asked if the Company intend to carry their mains to the eastward, and fulfil their promise of supplying the County Hospital gratis? But really is not this very unreasonable? Give the Company the chance of making use of their present mains for supplying the houses in front of which they pass, and they will no doubt be induced to extend their operations and fulfil their promise to the hospital. It seems to us that the Corporation are not only acting unreasonably, but that, in reality, they are sacrificing the comfort and interests of their visitors to the exigencies of those who supply the sea-water at the present enormous rates.

SENSATIONAL CICATRICES.

A CORRESPONDENT of *The Times*, who signs himself "A Surgeon," and hails from Aberdeen, gravely suggests that future murderers will have no difficulty in evading the hangman by producing a deformity similar to that of the convict Rutterford, "by simply abrading the under-surface of the chin, and a small patch of skin in front of the neck, keeping the abraded surfaces in contact for a few days, or until adhesions have formed." Those who know anything of plastic surgery will smile at the folly of the suggestion; but it may be well that a nervous public should be informed that simply abraded surfaces will not produce cicatrices of the kind occurring after burns, in which the true skin is destroyed, even if the parts were kept in close apposition—an absolute impossibility without cleverly-contrived retentive apparatus, which no patient could adjust for himself.

LADY MORDAUNT.

LADY MORDAUNT continues in much the same health she has had for many months, her mental condition being neither perceptibly aggravated nor perceptibly relieved. For the last few weeks her Ladyship has been residing with Dr. Wynter and his family at Chiswick. We may add that dementia resulting from ordinary insanity is almost invariably hopeless; but, as the sequela of puerperal mania, its prognosis is more favourable.

THE LATE FEVER AT KURRACHEE.

As our readers are aware, the 21st Regiment was lately removed from Kurrachee on account of the great amount of fever which prevailed among the men of that corps towards the end of last year. The amount of mortality from this cause was, however, very small. We are glad to learn that the health of the men has much improved since leaving the station. It appears that fever of a malarious character was

very prevalent in Scinde and Western India, owing, it is believed, to the exaggerated character of the season, and the very large amount of rain that fell. Our correspondent informs us that the liability to contract disease was probably owing to the large number of very young men present in the corps, who always suffer disproportionately to the older soldiers from climatic diseases, especially on their first arrival in India.

A DEATH AFTER CHLOROFORM.

A DEATH on the operating table occurred at University College Hospital on Wednesday, the 13th inst., in the case of a strumous lad upon whom Mr. Heath found it necessary to perform amputation of the thigh. The patient was in a very anæmic condition, and though stimulants were administered prior to the administration of chloroform, and every precaution was taken to guard against loss of blood, at the conclusion of the operation, and when the administration of the anæsthetic had ceased for some two minutes, the patient became suddenly faint and sick, and the heart ceased to beat. The case was one rather of death from feeble heart in a very unhealthy subject, than a death due directly to the administration of chloroform, which was given with the greatest care, and with Clover's apparatus.

FEVER-FARES.

ON Tuesday, the 19th inst., Dr. C. J. B. Aldis applied for a summons against a woman for conveying a child suffering from scarlet fever in a public cab, without acquainting the driver with its condition. At first the magistrate doubted whether he could accede to the application, on the ground that the 25th section of 29 and 30 Vict., c. 90, under which the summons was applied for, had reference only to persons themselves suffering from infectious disease and failing to give notification of the fact; and that, the "person" in the case before him being the child, proceedings could not be taken against the mother. He decided, however, to grant a summons against her for causing the offence to be committed. Dr. C. J. B. Aldis deserves to be thanked by the public and to be imitated by the profession.

VACCINATION AND SMALL-POX IN SCOTLAND.

THE Registrar-General for Scotland, in a supplement to his Monthly and Quarterly Returns, gives particulars of the working of the Vaccination Act in that part of the United Kingdom. The particulars, of course, have reference to the year 1868. It appears that the percentage of vaccinations to births is 88·340 (115,621 births, 102,140 vaccinations); but that the percentage, if calculated upon the survivors of those whose births were registered, would be 96·194. During 1868 the number of deaths from small-pox in Scotland is estimated to have been only 25—a result that cannot but be held to be owing to the efficient putting in force of the Act; for in the year 1864—practically the last year before the Act became operative—the deaths from this disease were 1741. We commend the consideration of these figures to all those who are inclined to listen to the blatant nonsense of the anti-vaccinationists.

THE FEVER AT HIGHGATE SCHOOLS.

IN the course of making the necessary sanitary examination of the Highgate schools, it was discovered that the waste-pipes of all the water-cisterns communicated directly with the drains, and that the water was contaminated in consequence. About twenty-seven children have been treated in the Fever Hospital, and it has been determined to remove the whole of those remaining to Bath-street, in order that further improvement in the building may be made, and every part cleansed. It is also proposed to erect a reception ward and infirmary. It is satisfactory to find that there have been no fresh cases during the last ten days, and that the health and appearance of the children have greatly improved since the overcrowding has been diminished and the dietary altered.

THE sixteenth festival of the Royal Medical Benevolent College will be held at the Freemasons' Tavern on Wednesday, the 4th of May next, W. H. Smith, Esq., M.P., in the chair. The dinner (the tickets for which are a guinea) is at 6.30 P.M.

THE current number of the *Westminster Review* contains a long article—the third, if we remember aright—on the question of recent legislation for contagious diseases, and its proposed extension. The writer discusses the subject, however, under the title of "Prostitution: how to deal with it,"—and he has told us how he proposes to deal with it. It would only be justice to allow that he has displayed a good deal of learning, and brought together a large amount of information upon the subject; but he is much happier in indicating the difficulties connected with the present system than in suggesting a scheme of his own. We shall in all probability take an early opportunity of recurring to the subject. Meanwhile, we may say that we believe the *Westminster Review* has not solved the question of "How to deal with it."

INSPECTOR-GENERAL MOUATT, C.B., V.C., has returned to duty from half-pay, and will immediately start for India, where he will, we presume, succeed Inspector-General Gordon, C.B., at Bombay.

THE medical officers engaged in carrying out the Contagious Diseases Acts in the Chatham district have of late found a marked improvement in the health of the class of women affected by the provisions of the Acts.

ON the resignation by Dr. Evan Pierce of the post of medical officer to the Llanrhaiadr district of the Ruthin Union, the guardians have recorded on their Minutes their grateful acknowledgments of his able and attentive services to the poor during a period of more than twenty years.

PROFESSOR MASSON made a proposal at the meeting of the University Council of Edinburgh on Tuesday, that women should be admitted to the University classes on the same conditions as the other students, except in cases where special reasons existed for giving separate teaching. The Professor mentioned the case of Miss Pechey to illustrate the necessity of adopting his resolution. The scheme was opposed by Professors Laycock and Christison, and the motion was rejected after a long discussion by 58 votes to 47.

AN address, signed by about 150 officers of the Portsmouth Convict Prison, has been presented to Dr. V. C. Clarke, the medical officer of the prison, who has retired on appointment to Pentonville Prison. The address expresses a deep sense of Dr. Clarke's professional and private worth, with sincere regret at his departure. Dr. Wilson, of Woking Prison, succeeds Dr. Clarke at Portsmouth.

WE are sorry to find that the immunity from small-pox which Ireland has for a considerable time enjoyed has at last been broken, and that some cases of this malady have occurred in Belfast; one case, that of a man aged thirty-eight, Philip Redmond by name, dying of the disease on the 2nd of April. It is to be hoped that vigorous measures

will be taken to prevent the infection spreading to other parts of the country, and that the Vaccination Act will be enforced rigorously.

WE learn that the epidemic of fever at Whitehaven, to which we recently called attention, is now being investigated by Dr. Buchanan, one of the medical inspectors of the Privy Council. The fever appears to be typhus; and, in consequence of its prevalence, the War Office has it in contemplation (if it has not already done so) to countermand the order for the assembling of a regiment of Militia which was to have taken place there next week.

THE LONDON FEVER HOSPITAL.

THE Report of the London Fever Hospital for the year ended December, 1869, drawn up by Dr. Charles Murchison, F.R.S., is more than ordinarily important, in consequence of that year having been one of unusual interest in the history of the institution. This was owing, amongst other things, to the reappearance of a great epidemic of relapsing fever, for so many years unknown in London. The number of patients admitted into the hospital during the year was 3411. The monthly admissions were likewise large. From 325 in January, they fell to 166 in July, and then rapidly rose until, in November and December, they reached the unprecedented numbers of 472 and 511. With the exception of October and November, 1868, the admissions have never in any one month amounted to 400; and we are told that at no previous time in the history of the hospital has the rush for admission been so great as it was in the last two months of 1869. Typhus fever, the origin and propagation of which are due to destitution and overcrowding, is the disease on which the variations in the number of admissions into the Fever Hospital depend. In the last eight years, during which this fever has been unusually prevalent, out of a total of 25,220 patients admitted, 13,953 have been cases of typhus. The epidemic was upon the decline; but, judging from the experience of former epidemics, it is to be feared that typhus will become more prevalent as the present one of relapsing fever subsides. The characteristic eruption was present in 97 per cent. of the cases admitted. The mortality among those fairly under treatment was only 15·08 per cent. Local complications were the cause of a large number of deaths; but the circumstance that most influenced the rate of mortality was the age of the patients: nearly one-third of the entire number who died were above forty years of age. Between the ages of five and fifteen, the death-rate from typhus was only 2·16 per cent., while it was 63·63 per cent. in patients over fifty. The prevalence of the disease known as relapsing fever is connected with extreme destitution in a more intimate degree even than typhus. Prior to July, 1868, when the first patient was admitted, no case of relapsing fever had been admitted into the hospital for fourteen years. It is surmised that the disease was contracted from Polish immigrants, it having been very prevalent in East Prussia and Poland during 1868. In the September of that year a considerable number of Polish Jews, mostly from Whitechapel, were admitted into the German Hospital in London. For nine months succeeding July, 1868, no fresh cases were admitted; but in May, 1869, relapsing fever reappeared. Patients suffering from it were brought from almost every parish in the metropolis, more especially from Whitechapel, St. Giles's, Camberwell, and Bethnal-green. With rare exceptions, the patients admitted into the Fever Hospital with relapsing fever had been in a deplorable state of destitution—far greater than that of the average of typhus patients. A large number were "tramps." There was abundant evidence that a previous attack of typhus conferred no immunity from relapsing fever, or *vice versâ*. A nurse who had suffered from typhus contracted relapsing fever before a dozen cases of that disease had been admitted into the hospital. The admissions for relapsing fever amounted to 769, and the rate of mortality was only 2 per cent.

The prevalence of enteric fever showed a remarkable increase during the four years 1865–8, but the admissions during 1869 were one-fifth less than during the previous year. Its great prevalence during the former period was in a great measure to be ascribed to an exaggeration of the climatic conditions that habitually favour its development; and the diminution during 1869 was coincident with a colder summer and autumn than in any of the four previous years. More than 10 per cent. of the enteric fever patients had been in comparatively comfortable circumstances. Deducting the cases of death within a few hours of admission, the mortality was 13·71 per cent. The mortality was in many cases due to some complication, and its rate was not influenced by age in the same way as that of typhus. The skin eruption, as is well known, is much more frequently absent in enteric fever than in typhus, and was not discovered in 32·6 per cent. of the cases treated.

The admissions for scarlet fever during 1869 were large beyond all precedent, amounting to 614, and the mortality was unusually high (15·3 per cent). In two cases renal dropsy existed on the admission of the patients to hospital. The rarity of this common but formidable complication in the Fever Hospital is believed to be due to the fact that no patient, even with a mild attack, is allowed to leave his bed within three weeks from the beginning of his illness.

Eleven fatal cases of measles occurred in infants. Death was in every instance due to severe pulmonary complications, aggravated in several by the journey to the hospital. We quite concur in the remark that most of these patients ought never to have been taken to the hospital at all.

The large number of contagious cases admitted during the year have not been treated with immunity to the attendants. "Out of a total number of 124 employed during the year in attending to the sick, 1 of the resident medical officers, 6 nurses, 2 bath women, and the cook contracted typhus; 1 resident medical officer, 7 nurses, 2 scrubbers, 1 laundrymaid, and 1 housemaid took relapsing fever; 2 nurses and 1 housemaid took scarlet fever; 1 nurse caught small-pox; and 1 laundrymaid and 1 kitchenmaid suffered from enteric fever: making a total of 28 attendants on the sick who took fever during the year. Of this number 24 recovered, but 2 nurses, aged thirty-five and thirty-six, and 2 bath women, aged thirty, died of typhus." It is thought that the large number of attendants attacked is due to the frequent changes in the nursing staff, by which the seasoned nurses are replaced by others unprotected by previous attack, and therefore more susceptible of contagion. In addition to the attendants attacked with fever, 8 patients contracted typhus, 3 relapsing fever, and 5 enteric fever. Of the latter not one was under treatment in the same wards with patients suffering from that disease. Out of 2797 patients admitted with other diseases than scarlatina not one contracted that disease, although 614 cases of it were admitted—a fact which speaks strongly in favour of the classification of patients adopted at the hospital. Dr. Murchison, after disposing of the objections raised against fever hospitals, concludes his instructive and interesting report by some remarks on the classes of life of those admitted, and on the removal of patients suffering from these diseases. The hospital is provided with two properly constructed ambulances, and, *cæteris paribus*, the rate of mortality does not appear to be affected by the distance that the patient is removed to hospital.

MEDICAL REFORM.

A SPECIAL MEETING of the Metropolitan Counties Branch of the British Medical Association was held at the offices of the Royal Medical Benevolent College, Soho-square, on Thursday afternoon, when the following resolutions were passed:—

1. That this meeting strongly approves of those parts of the Government Bill which concern the establishment of single Examining Boards in each of the three kingdoms, and the enlargement of the powers of the Medical Council

in reference to the compulsory formation of such Boards, and the supervision of the curriculum of students and of the details of examinations. It, however, believes that those parts of the Bill which relate to the formation of an Examining Board are capable of considerable improvement, and especially that part of it relating to the stringent powers given to the Privy Council to modify the resolutions of the Medical Council.

2. That this meeting is, however, of opinion that it is unwise to confer additional powers on the Medical Council, without at the same time taking measures to improve the method of electing its members and of securing a wider representation of the profession; and it greatly regrets the omission from the proposed Bill of all provision for this object. That this meeting is of opinion that provision should be made in the Bill for the direct representation of the profession in the Medical Council, in the proportion of not less than one-fourth of the total number of members of the Council, to be elected by the registered members of the profession in such a way as may be found most convenient; and it is prepared to oppose this or any other Bill that does not contain such provisions.

3. This meeting is also of opinion that the fees for examination at the three national Boards proposed to be established should be uniform; and that every means possible should be taken for making the examinations uniform also.

4. That a committee be appointed to watch the progress of the Medical Acts Amendment Bill.

THE BRIGHTON REVIEW.

EASTER MONDAY has come and gone, and again without any serious misadventure. When we consider the many chances of accident which beset a meeting of 26,000 armed men, and probably three times as many spectators, we may fairly congratulate ourselves on the result. At the same time, it is impossible to ignore the risks to life and limb which necessarily accompany such a gathering. This time a Captain of Artillery had his face severely scorched by the flash of a gun, and dotted with powder-grains; a few feet or inches nearer, and his head might have gone. As it was, he would no doubt have been blinded but for his spectacles. A gun was overturned, and killed a horse; next time two or three gunners may suffer. Cases like these show the absolute necessity for careful provision against accidents—a duty which, on the present occasion, was entrusted by the Secretary for War to Brigade-Surgeon J. Cordy Burrows, of the 1st Sussex Artillery, and Assistant-Surgeon C. Mayo, of the Inns of Court Rifles. The accommodation arranged by them consisted of a hospital marquee at the gravel-pits on Red-hill, on the right of the defending force, which was under their own charge; a room at the Industrial School, on the left of the position, under the care of Surgeon Whately and Assistant-Surgeon Hodgson, of the 3rd Sussex Rifles; and another room at the grand stand, in rear of the review ground, in charge of Surgeon J. Heckstall Smith, of the 1st Sussex Rifles, and Surgeon Paul, of the 3rd Tower Hamlets. For supplies, the somewhat meagre resources of the local barracks had to be relied upon; and it was fortunate that no great strain was put upon the stores which were furnished thence. On future occasions it would be as well if the appointments could be made earlier, and the intentions of the War Office as to furnishing the supplies could be made known with as little delay as possible; for we learn that, owing to the lateness of the instructions given, there was great difficulty in obtaining a tent, and that men were engaged in erecting that actually used while the troops were on the march to the ground. It must also have been by an oversight that a battery of heavy guns of position was posted within a dozen yards of the hospital tent, the site for which had been arranged by the Deputy Inspector-General of Reserve Forces. The two ambulance waggons, sent down by the Government, though of a ponderous and antiquated fashion, requiring the services of five men and nine horses, were found very useful. Men and horses did their work with a will, and covered many miles in the course of the day.

To an observer of the physical value of the Volunteer force, a comparison between the pale faces and well-cut clothes of the Londoners, and the ruddier complexions of the men of Hants and Sussex, who tell of faultless digestions and country tailors, is the first thing that occurs. Again, he must notice that many men undertake the work of a review-day who are scarcely fit even for that—far less for a week's campaign. From this sickly squad, as might be expected, were recruited most of the cases that required attention in the field hospitals. A man with febrile sore-throat, who had been in bed for two days; an elderly citizen, with a fatty degeneration of the heart, brought in almost at the last gasp; a phthisical youth in nearly as bad a plight, and several others, were of this class. An attack of ague, in a man who had contracted the disease in China in 1839, and a case of angina pectoris, were the most important of the remaining cases. Various degrees of fainting and exhaustion brought others to a standstill; but as the accidents were slight, with the exception of that mentioned above, the hospitals were able to be cleared immediately after the review.

Brigade-Surgeon Cordy Burrows, whom, by a happy mistake, the *Pall Mall Gazette* described as in charge of the "hospitable" arrangements, most kindly entertained the medical staff present, to the number of about ninety, at a sumptuous breakfast in the pavilion; and, not content with this, finished a laborious day with a dinner-party at his own house, which included, amongst others, the staff engaged at the field hospitals.

Major Wilkinson, Assistant Controller, was most desirous to render every assistance in furnishing supplies; but when he arrived at the barracks, he experienced the sensations of Mother Hubbard on a similar occasion, for very little was to be found there but a plentiful lack of the essentials of a field hospital. The exertions of the medical staff, however, aided by Col. J. C. Hannington, of the 1st Sussex (Brighton) Artillery, were fortunately sufficient to tide over the difficulty, and to complete the success of the day.

Correspondence.

"Audi alteram partem."

THE LICENTIATES OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

To the Editor of THE LANCET.

SIR,—Differences of opinion having been expressed as to the professional status of the licentiates of this College, I am directed to forward you the following opinion of counsel in reference to this question.

I have the honour to be, Sir, your obedient servant,

HENRY A. PITMAN, Registrar.

Royal College of Physicians of London.

Question.—"Is a Licentiate of the College of Physicians a Physician, and may he so entitle himself?"

Answer.—"We are clearly of opinion that the Licentiates of the Royal College of Physicians, who have obtained their licences to practise physic subsequently to December the 22nd, 1860, are entitled to call themselves Physicians, and to hold appointments as such, under 21st and 22nd Vict., cap. 90, s. 36, if duly registered as Licentiates of the College according to s. 27 and schedule D of the same Act.

(Signed) "ROUNDELL PALMER.
Lincoln's-Inn, February 25th, 1870." "GEORGE DENMAN.

ROYAL MEDICAL BENEVOLENT COLLEGE.

To the Editor of THE LANCET.

SIR,—There appear to be strong grounds for believing that things are not as they should be at the College at Epsom. I may say with truth that *I know* they are not; and doubtless all who are interested in the College, or even in the cause of education, will agree that such a noble institution should not be allowed to decline or fail of its purpose. As with an individual, so with an institution that is out of order, the main point is to discover what and where is the wrong, and then how the wrong is to be set right.

Acting on this principle, the first thing to be done is to have a thorough, sifting, independent, and impartial inquiry; and although it cannot be doubted that the Council are anxious for the welfare of the school, yet they must feel that it would not be satisfactory that such inquiry should be conducted by themselves.

I cannot see any plan more satisfactory than the one suggested in a former number of THE LANCET—namely, that of a commission composed of three members, one to be nominated by the Council, one by the head master, and a third by these two nominees, all being strangers to the school.

Having asserted that I know things are not as they should be at the College, I feel bound to say that, in making that assertion, I do not intend to cast any reflection upon the head master. On the contrary, I can, with the most perfect sincerity, state that no words of mine can adequately express the high sense that I entertain of his talent and unceasing care and watchfulness over those under his charge; and having had four sons at the College during a period of ten years, I may be supposed to have had opportunities of judging of his merits.

I trust that the Council will see fit to adopt this suggestion, and thus avoid anything like a division or hostile action, inasmuch as I feel sure that I am expressing the feeling of many other governors besides myself when I say that we shall not be satisfied without some independent inquiry.

I am, Sir, yours faithfully,

Farnham, April 16th, 1870. S. GEO. SLOMAN.

THE TREATMENT OF PSORIASIS BY CARBOLIC ACID.

To the Editor of THE LANCET.

SIR,—THE LANCET of March 19th, contains an account, by Dr. McNab, of the treatment of psoriasis by carbolic acid.

As I have carefully tested the value of carbolic acid in the treatment of psoriasis during the past year at the Middlesex Hospital, I venture to address a few remarks to you on the subject. My plan for determining its value is the following:—

To some patients it has been administered internally in grain doses, either in the form of a pill, made up with powdered liquorice, or dissolved in water.

Others have been treated locally, by the free application of ointments, containing from one to two drachms of the acid, to one ounce of lard or zinc ointment, without the administration of any internal remedy. With a third class the combined internal and external treatment has been tried.

Without troubling you with the details of my experience, I may say, generally, that the conclusion to which I have been led, is, that carbolic acid is of undoubted value, both as an internal and external remedy for psoriasis. Applied externally, it is about as efficacious as ordinary tar-ointment or paint, and has the advantage of being less disagreeable. Internally, its action is uncertain, but it is always worth a trial in those cases in which arsenic is inadmissible, or has been fairly tried, but without success. Several cases of the latter description, under my care, have been cured by the internal use of carbolic acid.

The impossibility of eradicating the hereditary tendency to this disease necessarily renders all therapeutical agents of only temporary value. The malady, after having been successfully treated, will sooner or later return. It is, however, by no means always associated with an "obvious constitutional tendency to gout," or with dyspepsia.

Dr. McNab says: "I have had under my care a number of obstinate cases of psoriasis, and have been successful in treating them all by carbolic acid, combined with the internal administration of liquor arsenicalis, and other necessary means for obviating the general predisposition to the disease." Now, Sir, I have nothing to say against this treatment, because I believe it to be about the best that can be adopted; but it is almost valueless as a means of testing the use of carbolic acid. Who can say how much effect has been produced by the arsenic?

I cannot help thinking also, that Dr. McNab has somewhat over-estimated the value of the acid in psoriasis, when he says that "the specific local inflammation, which is the generic character of the disease, is more amenable to the direct curative influence of carbolic acid than to any other therapeutic agent with which we are acquainted."

I am, Sir, your obedient servant,

Granville-place, March 31st, 1870. ROBERT LIVEING.

MEDICAL REFORM UNION FOR THE AMENDMENT OF THE MEDICAL ACTS.

To the Editor of THE LANCET.

SIR,—The list of contributors towards the expenses of the Birmingham Memorial, published in the advertising columns of this number of your periodical, is, I hope, very nearly accurate. Amongst the huge number a few letters may have miscarried, and some clerical errors are probably owing to peculiar professional caligraphy, which I may not always have been successful in deciphering. Any corrections with which I may be favoured shall have immediate attention. From the vouchers which my friend Mr. Oakes, the treasurer, has handed to me, I find, of the 9724 practitioners who have signed the Memorial, 1566 have contributed £363 2s. 1d., and 8161 have sent their signatures, but no money. We have still a deficiency of upwards of £100. The meeting of the profession in London, to be held shortly, to discuss the Government Bill and the indispensable amendments, must cost money.

With no desire to exaggerate the amount or importance of the work they have done, the executive of the Medical Reform Union confidently appeal to the profession to be indemnified for costs out of pocket.

Any contributions which may be forwarded, in cheques, post-office orders, or stamps, to the treasurer or myself, will be acknowledged in due course in THE LANCET.

Some contributors have adopted a plan which, if imitated, would be a great help, by sending a small subscription list, collected from their professional friends in their immediate neighbourhood, and at once remitting the amount, with the names of the contributors.

Hoping that we may have a fair additional list for next week's LANCET, and suggesting that there is no time to be lost,

I am, Sir, your obedient servant,

LLOYD OWEN,

9, Easy-row, Birmingham, April 18th, 1870. Secretary, Medical Reform Union.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

AGITATION OF THE PARIS STUDENTS IN CONNEXION WITH THE CLOSING OF THE FACULTY.

SINCE my last letter several facts of interest have occurred in connexion with the closing of the Faculty. The medical students, deeply irritated and disappointed at this measure, which not only deprives them of the lectures usually delivered at the Faculty, but also, and above all, of the right of passing their examinations and graduating, have been carrying on an agitation with the object of obtaining a change in the proceeding, or, at least, of protesting against the character of the whole measure. This time they have carried on the agitation in a highly peaceful and orderly manner, and it is greatly to be desired that they should always do so. The excellent effects which this quiet manner of proceeding has produced on the press and on the public mind must obviously show them that in their own interest they must now abandon disorderly and violent demonstrations, which have invariably injured their best causes, and brought down censure upon them at home as well as from abroad.

On the 9th ult. took place a first and very curious meeting of the students, who assembled to the number of 707 in the large amphitheatre of the Sorbonne. The meeting was in no way troubled by any interference on the part of the

authorities, and the alumni could freely discuss the various questions which they had met to consider. Every allowance being made for the buoyancy and the vivacity of youth, it must be said that the debates were carried on with much order and gravity. Two questions of the highest interest were successively put before the meeting—first, the illegality of the measure which the professors had taken, resting upon the question, Did not the School and the Faculty constitute two distinct things? Secondly, Was there not reason to blame M. Tardieu for his professional conduct, and should they not request him to resign?

The first question was unanimously answered in the affirmative, when the students made out that the School implied only the *teaching*, theoretical or clinical, involved in the lectures of the professors; whereas the Faculty involved the taking of inscriptions and the examinations. If the students had been unruly and offensive at the delivering of a certain course of lectures, the professors (though it would constitute a very severe measure) might stop all the *teaching* of the Faculty; but to do away at the same time with the registrations and examinations was to interrupt a public service, &c. So concluded the students; and they referred especially to the case of the naval surgeons, who come to Paris just at this time to graduate, but do not attend the lectures delivered at the School, and who might be compelled to embark without having been able to take their degrees—a most unfortunate and grievous occurrence. The illogical character of the measure was also shown in this, that the Dean had nevertheless allowed the students to deposit fees, and register their names, in view of examinations which they were not allowed to pass.

The second question, involving the resignation of M. Tardieu, was opposed by only thirty-five votes, the remainder of the assembly voting in the negative. A committee was then appointed to notify the results of both votes to the Dean of the School, and has since then accomplished this duty.

I may also mention the fact that the students of the Faculty charged one of the Deputies of the Corps Legislatif, M. Ferry, the representative of their quarter of Paris, to put the question before the French Chambers; but you have, doubtless, read in the political journals how the question was set before the house, how MM. Ferry and Pelletan represented the cause of the students, showing the illegality of the closing of the school, and how M. Legris defended the measure as being the only possible one under existing circumstances.

In connexion with the agitation of which I have just given you an outline, the students, together with several private professors and journalists, have availed themselves of the opportunity to set forth the necessity of the free teaching of medicine, and, indeed, have already attempted to form a body of teachers with the object of immediately supplying the teaching which the Faculty has withdrawn. They contend that, if the present state of things continue, through any concurrence of circumstances, the Faculty of Medicine may remain indefinitely closed, and the teaching of medicine compromised; and so they are taking necessary measures for establishing a free school of medicine.

I shall return more fully to this subject in my next letter.

Paris, April 18th, 1870.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members were elected Fellows of the College at the meeting of the Council held on the 14th inst.:—

Ross, Daniel, Commercial-road East; diploma of membership dated February, 1843.
Rudderforth, Edward Henry, L.R.C.P., Air-street, Piccadilly; diploma of membership dated August, 1836.

The following gentlemen were admitted Members of the College on the 19th and 20th inst.:—

Allwood, John P., Stafford.
Berry, Walter, Wisbeach, Cambridgeshire.
Blenkarne, W. L'Heureux, L.S.A., Ladbroke-rd., Notting-hill.
Blyth, Alexander W., L.S.A., Tollington-park.
Brierley, James B., Churton-heath, Cheshire.
Cartwright, Jas. H., L.S.A., Oakley-street, Chelsea.
Chabot, Herbert, L.S.A., Camberwell.
Cooper, Arthur, Stamford-street, S.E.
Crocker, James, L.S.A., Wetherby, Yorks.
*Dickman, Henry, L.M. & S. Bengal, Kandy, Ceylon.
Drake, Arthur John, Kingsclere, near Newbury.
Eager, Thomas Cawley, Ripley, Surrey.
Fear, William, Clifton.
Fitzgerald, Conrad, Bristol.
Herman, George Ernest, L.S.A., Chatham.
Kitching, Walter, York.
Lattey, Arthur, Cambridge-place, Hyde-park.
Lloyd, Albert Eyton, St. Asaph, Flintshire.
Lorraine, William James, Wakefield.
Manby, Alan R., L.S.A., East Redham, Norfolk.
Marshall, Lewis Walter, Bristol.
Mayo, Alfred Charles, Coleford, Gloucestershire.
Morris, John Edward, Gosberton, near Spalding.
Morris, John, L.S.A., Lewes, Sussex.
Murphy, Shirley F., Ampthill-square, N.W.
Nicholson, Thomas D., Liverpool.
†Parson, Francis J., L.R.C.P. Edin., Old Cambridge-terrace, Clapham-road.
Patchett, W. Ashton, L.S.A., Mottram, Cheshire.
Rix, William Knibb, Thrandeston, Norfolk.
Robinson, Richard Swanne, L.S.A., Gray's-inn-road.
Soutter, Mansfield C., Boundary-road, N.W.
Stoney, Percy B., Lonsdale-square.
Sutcliffe, John, L.S.A., Ashton-under-Lyne.
Tosswell, Lewis H., M.B., Exeter.
†Waddy, Henry E., L.R.C.P. Lond., Gloucester.
Walker, Samuel, York.
†Wicks, Fred., L.R.C.P. Edin., Cherryhinton, near Cambridge.
Willmore, Frederick William, West Bromwich.

* Passed under the old regulations of the College.
† These gentlemen passed in Surgery at previous meetings of the Court, but, having subsequently obtained medical qualifications, were admitted Members of the College.

Four other candidates were examined, but failed to satisfy the Court, and were referred for a period of six months' further professional study.

The following gentlemen passed the primary examination in Anatomy and Physiology at a meeting of the Court of Examiners on the 13th inst.:—

B. Harvey Williams, H. M. Langdale, D. M. B. Wheeler, Walter E. Hacon, J. McDougall Tudge, and Frederick Marsey, of Guy's Hospital; Herbert Taylor, Alfred Baldock, Sidney T. Steele, and R. Maxwell Boodle, of St. Bartholomew's Hospital; Robert Withers, H. O. Chislett, and P. W. Holmestead, of London Hospital; T. J. Jeakes, George J. Eady, and Joseph H. Philpot, of King's College; Gilbert W. Northey, John W. Measures, and Horace M. Maybury, of St. Thomas's Hospital; Arthur Curtis and Arthur Blackburn, of University College; George Middlemiss and Henry W. Jones, of the Glasgow School: James Lidderdale, of St. Mary's Hospital; E. W. Cottle, of St. George's Hospital; Joseph Bellingham, of the Birmingham School.

Of the 109 candidates admitted to the primary examination on the 11th, 12th, and 13th inst., 26 failed to satisfy the Court of Examiners, and were referred for a period of three months' further anatomical study.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on April 14th:—

Beach, Fletcher, Bridport, Dorset.
Cox, William, Dorchester, Wallingford.
Crocker, James, Wetherby, Yorkshire.
Frost, Richard Russell, Launceston.
James, James Bowen, Middlesex Hospital.
Lewis, H. Harman Dendy, Somerset-street, N.W.
Lucas, Thomas Pennington, St. Neot's, Hunts.
Patchett, William Ashton, Mottram, near Manchester.
Vickers, Charles William, Huddersfield.
Westbrook, Charles, Sheffield.
Westcott, William Wynn, Martock, Somerset.

The following gentlemen also on the same day passed their first professional examination:—

George Moses Biggs, of University College; William John Newberry, of St. Bartholomew's Hospital; Benjamin Harvey Williams, of Guy's Hospital.

THE BOARD OF EXAMINERS IN DENTAL SURGERY.—At the last meeting of the Council of the College of Surgeons, Mr. Ibbetson, F.R.C.S., dental surgeon to University College Hospital, was elected an examiner in Dental Surgery in the room of Mr. John Tomes, F.R.S., resigned. Mr. Cartwright, F.R.C.S., was also re-elected a member of the Board. Mr. Skey having resigned his seat at the Board, Mr. Cock, the President, was elected to the vacancy after a ballot, which showed considerable diversity of opinion between the members of the Council. It will be observed that Mr. Quain has been passed over in the election to this almost honorary office, he being senior to Mr. Cock; but the fact that an examiner in dental surgery must be also one of the Court of Examiners, rendered it advisable that Mr. Quain, whose term of office is somewhat uncertain, should not be put in nomination.

DR. MURCHISON, at the graduation ceremonial in Edinburgh University, on the 20th inst., received the honorary degree of LL.D.

CAMP-SEWAGE AND IRRIGATION.—An inquiry has recently taken place regarding the alleged pollution of the river Blackwater from the products of the camp-sewage after it had been employed for agricultural purposes in irrigating the Aldershot farm. Neither the civil nor the military medical men were able to attribute any disease to the system of sewerage adopted at Aldershot. We believe Mr. Rawlinson failed to corroborate the correctness of the statements which had been put forward; in fact, the river is polluted by the sewage conveyed into it higher up than the farm. It is well known that the result of the Aldershot experiment, agriculturally considered, has been a decided success. The camp-sewage, which before irrigation contained upwards of twenty grains per gallon of nitrogen, was found to have little more than half a grain per gallon in the effluent after irrigation.

NAVAL MEDICAL SUPPLEMENTAL FUND.—At the quarterly meeting of the Naval Medical Compassionate Fund, held on the 12th inst., Sir Edward Hilditch, Inspector-General, in the chair, the sum of £80 was distributed among the various claimants.

SMALL-POX IN RUSSIA.—In Russia vaccination is not compulsory. According to official returns, 10,350,000 persons have died of small-pox in that country during the last seventy years. What say our friends of the Anti-vaccination League to this?

THE NATIONAL SANATORIUM for Consumption and Diseases of the Chest at Bournemouth is about to have a new wing, of which the foundation-stone was laid by Lord Mount Edgecumbe on the 20th inst. On its completion, additional accommodation will be afforded to twenty more patients, and its cost will be £4900, towards which the Queen has contributed £100.

AN attempt has been made upon the life of Dr. Wilson, a well-known surgeon residing at Wem in Shropshire. He was lying on a sofa asleep on Thursday morning, when someone entered the room, and discharged two barrels of a revolver at his head, inflicting wounds which, it is feared, will be attended by a fatal result. Dr. Wilson's son has been arrested on suspicion of having fired the shots.

PITYRIASIS RUBRA.—At a late meeting of the Medical Society of the College of Physicians, Ireland, a case of this very unusual disease was detailed by Dr. Benson, jun. It was that of a man aged forty, whose entire body, from head to foot, was implicated. There was no itching, but the desquamation was frequent and continually reproduced. After several remedies had been tried without avail, he was put on arsenic, which speedily cured him.

PLEURO-PNEUMONIA has broken out among the cattle on two farms in the far west of Cornwall, and the district is proclaimed as infected.

Medical Appointments.

ALFORD, S. S., F.R.C.S.E., has been appointed joint Medical Officer to the Orphan Working School, Haverstock-hill, vice Hetman Charles Harris, F.R.C.S.E., deceased.

ATKINSON, J. L., M.R.C.S.E., has been appointed Medical Officer for the Ryton District of the Gateshead Union, Durham, vice Callender, resigned.

BADDELEY, W., M.R.C.S.E., has been appointed Medical Officer for the Billington District of the Blackburn Union, Lancashire.

BARKER, W. O., M.D., has been appointed Physician to the Female Orphan House, Dublin, vice C. P. Croker, M.D., deceased.

BOWES, W., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 6 of the East Grinstead Union, Sussex.

BOYER, J. J., M.D., has been appointed Resident Clinical Assistant to the Bethlem Royal Hospital for Lunatics.

DEANE, C. M., M.D., has been appointed Medical Officer for the Rainford District of the Prescot Union, Lancashire.

DODD, H., M.R.C.S.E., has been appointed Medical Officer for the Rillington District of the Malton Union, Yorkshire, vice Allanson, resigned.

EWER, A., M.R.C.S.E., has been appointed Medical Officer for the Long Sutton and Sutton-bridge Districts of the Holbeach Union, Lincolnshire.

FERNS, H., M.D., has been appointed Consulting Physician to the Female Orphan House, Dublin.

GERVIS, F. H., M.R.C.S.E., has been appointed joint Medical Officer to the Orphan Working School, Haverstock-hill, vice Harris, deceased.

GOODALL, J., L.R.C.P.L., has been appointed House-Surgeon, Apothecary, and Secretary to the Stamford, Rutland, and General Infirmary, vice J. Rew, M.R.C.S.E., resigned.

HARRIS, A. A., M.R.C.S.E., has been appointed Medical Officer for the Dorchester District of the Wallingford Union, vice Wm. C. Byass M.R.C.S.E., resigned.

HORLEY, S. H., M.R.C.S.E., has been appointed Resident Medical Officer to the Royal South Hants Infirmary, Southampton, vice W. B. Shorto, M.R.C.S.E., resigned.

HUSBAND, C., M.R.C.S.E., has been appointed Coroner for the Liberty of Ripon, Yorkshire.

JERSON, E. C., F.R.C.S.E., has been appointed an Honorary Surgeon to the Durham County Hospital, vice G. Shaw, M.R.C.S.E., deceased.

LOMAS, W., M.D., has been appointed a Physician to the North London Hospital for Consumption, Hampstead and Tottenham-court-road, vice O. Sturges, M.D., resigned.

LORD, J., L.R.C.P.Ed., has been elected Medical Officer for the Pendle Forest District of the Burnley Union, Lancashire, vice S. Lawson, L.F.P. & S. Glas.

MURPHY, Dr. W. P., has been appointed Medical Officer and Public Vaccinator for the Bowness District of the Wigton Union, Cumberland, vice A. Scott, M.D., deceased.

NUTT, Mr. J., has been appointed Dispenser to the Royal South Hants Infirmary, Southampton.

PAGE, F., M.D., has been appointed Senior House-Surgeon to the Infirmary, Newcastle-upon-Tyne, vice Stanley Peacock, M.R.C.S.E., L.S.A.L., deceased.

PARKER, Mr. T. W., has been appointed Assistant to the House-Surgeon of the Stockport Infirmary, vice Mr. M. B. Lewis, deceased.

RAYNER, J., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the No. 4 or Huntspill District of the Bridgewater Union, vice J. E. Poole, M.R.C.S.E., deceased.

ROSS, J. H., M.R.C.S.E., has been appointed Medical Officer for the Northern District of the Parish of Brighton, vice W. Verrall, M.R.C.S.E., L.S.A.L., deceased.

SMITH, J. F., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Kilmersdon or No. 3 District of the Frome Union, Somersetshire, vice W. S. J. Home Munro, M.D., whose appointment has expired.

SMITH, R. M. H., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for Darvel, in the Parish of Loudoun, Ayrshire, vice J. M'K. Taylor, L.R.C.P.Ed., resigned.

TAYLOR, J., M.R.C.S.E., has been elected Surgeon to the Tudor Works Sick Club, Sheffield.

THORP, D., L.R.C.P.Ed., has been appointed Certifying Factory Surgeon for the Districts of Maldon, Heybridge, and Witham.

WAYMAN, C. P. S., M.R.C.S.E., has been appointed Assistant-Surgeon to the Jenny Lind Infirmary for Sick Children, Norwich, vice S. T. Taylor, M.B., resigned.

WILLIAMS, E. P., M.D., has been appointed Medical Officer and Public Vaccinator for the Llanrhaiadr District of the Ruthin Union, Denbighshire, vice E. Pierce, M.D., resigned.

WILLIAMS, W., M.D., has been appointed Surgeon to the Mold Mine, Flintshire, vice T. Davies, L.R.C.P.Ed., appointed Resident Medical Officer at the Leeds Public Dispensary.

WILMOT, S. G., M.D., has been appointed Consulting Surgeon to the Female Orphan House, Dublin.

WILSON, J. M., M.B., has been appointed Medical Officer for Home Patients of the St. Mary's Hospital and Dispensary for Women and Children, Manchester.

WORTHINGTON, J. C., M.R.C.S.E., has been elected Surgeon to the Lowestoft Infirmary, vice W. C. Worthington, F.R.C.S.E., resigned.

Births, Marriages, and Deaths.

BIRTHS.

CLIMO.—On the 13th inst., at Stoke, Devonport, the wife of Dr. Wm. Hill Climo, Staff Assistant-Surgeon, of a son.

FOX.—On the 14th inst., at Sackville-street, Piccadilly, the wife of Wm. Tilbury Fox, M.D., of a daughter.

DAGLISH.—On the 12th inst., at New Romney, Kent, the wife of Richard Rothwell Daglish, Surgeon, of a son.

STUART.—On the 16th inst., at Park-road, Newcastle-on-Tyne, the wife of J. S. Stuart, C.M., M.D., of a daughter.

MARRIAGES.

FERGUSSON—DRUMMOND.—On the 13th inst., at Blairgowrie, Perthshire, James Fergusson, L.R.C.P., L.R.C.S.Ed., of Lester, Fife, to Anne Gilchrist, elder daughter of the late Wm. Drummond, Esq., of Blairgowrie.

JAY—BUTLER.—On the 19th inst., at All Saints Church, Sutton-Benger, Wiltshire, Henry Jay, Physician, of Chippenham, in the same county, eldest surviving son of the late Simon Jay, Surgeon, of Great Yarmouth, to Katharine, daughter of the late Charles Butler, Surgeon, of the former place.

KELLETT—MORGAN.—On the 19th inst., at Talgarth Parish Church, Robt. Gay Kellett, L.K.Q.C.P.I., L.R.C.S.I., of Bilston, Staffordshire, only son of the Rev. Orange Stirling Kellett, Rector of Townregan, Co. Cavan, and of Waterstown, Co. Meath, to Anna Maria, second daughter of the Rev. James Morgan, M.A., Vicar of Talgarth, Breconshire, South Wales.

ROBERTS—COLERIDGE.—On the 20th inst., at Withycombe Church, near Exmouth, Devon, Edward Coleridge Roberts, Surgeon, of Southgate, eldest son of E. Hunt Roberts, Esq., of Exeter, to Emily Josephine Sarah, second daughter of the late Major Coleridge, Madras Army.—No Cards.

DEATHS.

FENN.—On the 13th inst., at Nayland, Colchester, Thomas Harrold Fenn, M.R.C.S., L.S.A., aged 54.

O'BRIEN.—On the 13th inst., at Cecil-street, Strand, Dr. J. J. O'Brien.

O'LOUGHLIN.—On the 13th inst., at the Royal Victoria Hospital, Netley, Joseph Edward O'Loughlin, Assistant-Surgeon 17th Lancers, aged 36.

PESKETT.—On the 11th ult., at Fort William, Calcutta, Dr. Wm. Peskett, Surgeon-Major Bengal Army, aged 49.

THOMSON.—On the 17th ult., at sea, near the Island of Ascension, on his homeward voyage from the Cape of Good Hope, Dr. Ebenezer Thomson, late of Surbiton, Surrey, aged 32.

Medical Diary of the Week.

Monday, April 25.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Mr. Wm. Adams: "Case of Subcutaneous Division of the Neck of the Thigh-bone within the Capsular Ligament, successfully performed for extreme Deformity, with Bony Anchylosis of the Hip-joint." — Dr. Andrew Clark, "On Basic Pneumonia arising out of Bronchitis in the Aged." — Dr. Thudichum, "On the Chemical Theory of Disease, with special reference to the Fungo-Genetic Hypothesis." (At the conclusion of his paper, Dr. Thudichum will demonstrate the newly-discovered normal free acid of the urine—Cryptophanic Acid.)

Tuesday, April 26.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Blackie, "On the Principles of Moral Philosophy"
ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. Mr. E. B. Tylor, "On the Philosophy of Religion among the Lower Races of Mankind."—Dr. Donavon, "On the Brain in the Study of Ethnology."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Adjourned Discussion on Mr. Gant's paper, "On Excision of Joints."—Dr. Broadbent will describe a New Sphygmograph;—&c. &c.

Wednesday, April 27.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 1 0½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
HUNTERIAN SOCIETY.—8 P.M.

Thursday, April 28.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Electricity."

Friday, April 29.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—8 P.M. Prof. Blackie, "On the Interpretation of Popular Myths."

Saturday, April 30.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Grant, "On the Astronomy of Comets."

Notes, Short Comments, and Answers to Correspondents.

SMALL-POX AT HIGH WYCOMBE.

THE publicity which has been given to the circumstances attending the outbreak of small-pox at High Wycombe can hardly fail to have a beneficial effect upon the sanitary condition of the town. At the meeting of the Borough Local Board on the 12th instant, a long discussion took place about the drainage, it being admitted that the prevalence of disease generally was connected with defective sanitation. Of that, indeed, there can be no doubt, seeing that the town is now in much the same condition as it was twenty years ago. As regards small-pox, it would seem that at High Wycombe, as in other places, divided authority is detrimental to an effective coping with epidemic disease. The board of guardians for the parish and the local authorities for the borough do not appear to pull together in the enforcement of vaccination, so far, at least, as we can gather from what took place at the last meeting of the guardians.

Mr. Hugh R. Gough.—We do not know that the inspection desired would be undertaken; or, if undertaken, that it would be advantageous. If the institution is a school, our correspondent should apply to the Education Department of the Privy Council; if a reformatory, to the Home Office.

F. C. B.—The men are quacks, of course; but if the public insist on being gulled, what is to be done?

Inquirer.—Try Sydenham or Upper Norwood.

CROYDON MICROSCOPIC CLUB.

A LARGE meeting has been held at Croydon for the purpose of organising a body of gentlemen interested in the microscope and its revelations. The chair was occupied by H. Lee, Esq., who was supported by a number of *savants* well known for their proficiency in science. In his introductory remarks, Mr. Lee dwelt on the gratifying circumstance that the Club commenced with upwards of eighty members, including three Fellows of the Royal Society, four of the Linnæan Society, three of the Geological Society, and several of the Royal Microscopical Society, along with members of the Quekett Club. Mr. Lee, after illustrating the combined pleasure and profit to be gained from such pursuits as the Club proposed to itself, called on Dr. Bowerbank, F.R.S., to address the meeting. In the course of his remarks, Dr. Bowerbank referred to the time, now forty years ago, when there were but four achromatic microscopes in existence, one of which belonged to himself. Very early in his studies he saw, by means of Tully's microscope, the valves in the dorsal vessel of the *Ephemera* pumping the blood and sending it through the arteries; but on publishing his discovery, its authenticity was questioned by no less a man than Geoffroy St. Hilaire. Dr. Bowerbank, however, succeeded in submitting an admirable specimen of the insect to that distinguished naturalist, who had hardly gazed at it five minutes through the microscope when he exclaimed, "Ah!" and continued poring over the field, till at length, when the insect made a plunge and escaped, he threw up his arms with a loud "Magnifique!" Such delightful surprises were quite within the reach of every microscopist who had access to any pond in the neighbourhood. The Rev. J. B. Reade then followed, and illustrated the advantages which the microscope might confer on every cultivator of the soil. By its teachings he had been enabled to grow Swedish turnips reaching thirty-eight inches in diameter, one of which he scooped out, and after inserting in the cavity a hare, a pheasant, and a brace of partridges, and replacing the top, he sent the turnip to an agricultural friend. By his microscopical investigation of the soil, he had doubled the value of his living, which enabled him to sell for a good round sum twenty acres for the erection of an asylum, of which his friend Dr. Millar was the first physician. Mr. Reade next referred to the dung-heaps in farm-yards, which were intended as manure during the winter, but which on being turned over lost a great deal of muriate of ammonia by evaporation—a fact which he discovered by the microscope, after pouring on to a slip of glass a drop or two of muriatic acid, and applying it to the steam which was escaping from the manure. Great loss is sustained through this evaporation by the farmer, the quantity of wheat grown being in proportion to the quantity of ammonia in the manure. To prevent the escape of this most valuable nutrient agent, he poured upon his dung-heaps a large quantity of dilute sulphuric acid. The hints which the scientific cultivator of whatever class might obtain from the microscope are as remunerative as they are manifold—a conclusion which was still further enforced by the next speaker, Mr. Glaisher, F.R.S., and particularly by Mr. Frank Buckland, who described the advances made in piscieulture by the microscope, in so much that opposition oysters might be grown to Mr. Reade's turnip, capable of holding not only one pheasant, but a brace of them, in addition to the other game mentioned by that gentleman! The arguments in favour of the Club and its objects derived yet fresh illustration from the President of the Croydon Farmers' Club, Mr. Fuller, who indicated the check that might be put to the ravages of insect life by microscopic research and its teachings. With much interesting discussion to the same effect, the Croydon Microscopic Club closed its first and highly auspicious meeting.

Mr. Charles B. Hay.—Such irregular practitioners are legion; but we see no prospect of their suppression till the public are sufficiently enlightened to distinguish the professional wheat from the tares.

ANTI-CONTAGIOUS DISEASES ACT ASSOCIATION.

To the Editor of THE LANCET.

SIR,—I am desirous of warning the members of the profession against a device of the Anti-Contagious Diseases Act Association for pushing its specialty within the range of the family circle. This body sends pamphlets, bearing on prostitution and its consequences, through the post to the wives of medical practitioners. I am sure you will agree with me that this is a most cowardly and reprehensible proceeding. My feelings of indignation are too strong to allow me to enlarge on the insult which was put upon me and mine during the last week. I would only ask you to advise my medical brethren to inspect carefully any pamphlets addressed to their wives before allowing them to be opened.

Yours, &c.,
April 16th, 1870. A. B.

FOREIGN DEGREES.

Mr. Septimus Reed would not be able to snap his fingers very loudly on the strength of the degree offered to him for £35 by an advertiser. It would not confer a title that any body would be either bound or disposed to recognise; it could not be registered, and it would confer no right to practise.

J. T. Boyd (Leicester) has the coolness to forward us a form to be filled up and returned to him, with the name, address, and time for consultation of physicians giving advice gratis in liver complaints. We have little doubt, from the character of his communication, that he is in a position to pay for advice, and we intend to let him do so. Communications of this kind afford evidence of one of the abuses of the advice-gratis system.

Iota.—Our correspondent's communication has been received. Thanks for the information; but we scarcely see any use in publishing it now.

RECENT MODIFICATIONS EFFECTED BY THE HOUSE SWALLOW IN THE CONSTRUCTION OF ITS NEST.

A VERY remarkable paper occurs in a recent number of the *Comptes Rendus*, by M. Pouchet, in respect to the changes that have been made by the house swallow (*Hirundo urbica*, Linn.) within the last fifty years. It appears that M. Pouchet has had occasion to make some careful drawings of the nests of this animal, and was struck by the differences which he found to be present when he compared them with the illustrations of older authors, like those of Vieillot, Montbrillard, Rennie, and others, as well as with those taken by himself forty years ago. The old form of the nest of the house swallow was a segment of a spheroid, with a round opening so small as only just to permit the passage of the parent bird. The new and improved nests, on the other hand, present the form of the quarter of a semi-oval, with very elongated poles; and the opening is now no longer in the substance of the wall itself and circular, but is a very long transverse fissure formed below by an excavation in the upper border of the nest, and above by the building to which the nest is attached. M. Pouchet considers this new form affords more room for the young birds, and is particularly an improvement on the old, in the circumstance that they can put out their heads for a little fresh air, without having to withdraw them every time the parent birds return to the nest. The new mode of construction protects the inhabitants of the nest better than the old one from rain, cold, and enemies. This seems to be an important observation, as showing that instinct is not quite so invariable in its operations as is generally believed.

Dr. Hinds (Birmingham) is thanked for his communication. We cannot find room for his letter; but the point he insists on is important, and we shall keep it in view.

Mr. Geo. Parry (King's Lynn) must tell us the nature of the schools he specifies.

W. M. C.—Dr. Tanner's compilations may be recommended.

THE GALWAY MEDICAL COLLEGE.

To the Editor of THE LANCET.

SIR,—I regret having again to write on this much vexed question; but a letter from the Registrar of Galway College, and some editorial remarks founded on that document, compel me again to come forward.

Mr. Lupton first states that my appeal was against the sentence of rustication passed on me by the College Council. You will see by the appeal itself that it was on the following points—viz.: Were the College Council justified in passing sentence on me without a previous inquiry, without giving me a hearing or an opportunity of defence? Was the sentence passed on me proportionate to the offence, and was the language which said sentence was conveyed justifiable? Were the Council entitled to retain my certificates, which I contend were my private property? You will see that this was to be no inquiry whatever into the truth or otherwise of my original charges; it was merely an inquiry into the manner of the Council's procedure towards me, and into their power over my certificates. What is the decision of the Visitors with regard to the above points? No notice was taken of the fact that I had been punished by the Council without a hearing, and without being afforded an opportunity of defence. With regard to the severity of the sentence, the Visitors held that it was altogether disproportionate to the offence, which was an offence against College discipline, and not a moral or political one. They reduced the term of rustication to one year, at the same time stating that I could not get the second half of my scholarship, as I was not in attendance at the College. They said it was impossible to return me my fees, as they had been paid over to the Professors, and had, no doubt, been spent long ago. They considered that the language used by the Council, though certainly strong, was still justifiable; remarking, however, that though my statements might be quite true, they could still be termed libellous. With regard to certificates, they ordered all my certificates to be given up; entirely dissenting from Mr. Berwick's opinion, "that certificates were merely a matter of favour." What the Visitors condemned me for was, that, instead of going in the first instance to the Council, I wrote to a public journal. My answer to that was, that prudence prevented me going to the Council. I feared that I should be summarily punished, perhaps rusticated, and so prevented getting into another University. I hold that events have fully justified my course of action. I have been punished and rusticated; but then I was away from Galway, and fortunately the attempt of the Galway authorities to injure me in Edinburgh has not succeeded. I must confess that, on the whole, I think I got the best of it at the visitation. I was only condemned on a question of College discipline, the merits of the original case not having been gone into. Mr. Lupton also states that I brought forward no witnesses, though I had previously stated that I could prove the truth of my statements by "numerous witnesses." The statements referred to were the charges against Drs. Browne and Doherty—charges which I have just shown the Visitors said they could have nothing to do with. What was the use, then, of going to the expense of bringing witnesses? Supposing those witnesses had been produced, Mr. Berwick's first act would have been to object to their being examined, as the Visitors could not meddle with charges against individual Professors. Besides, I remarked, and I think very justly, that it was not to be expected that a young man in my position should go to the expense of bringing witnesses from Galway and elsewhere to Dublin. Though for the above reasons I did not produce witnesses, I still offered to put in some documentary evidence. These documents could not be received on technical grounds; had they been, things would have been somewhat different. Although these were not received in evidence, Mr. Berwick stated, with regard to Mr. Ward's letter, that Mr. Ward had a short time before expressed to him an opinion exactly opposite to that contained in the letter I proposed reading. *Apropos* of this comes a letter from Mr. Ward in the *Irish Times* of the 2nd instant, in which the latter denies distinctly Mr. Berwick's statement, and asserts that Mr. Berwick himself commented on Dr. Browne's alleged neglect of duty. You have, doubtless, been furnished with a copy of Dr. Doherty's statement to the Visitors. By this it will be seen that Dr. Doherty does not consider cases under the observation of the student or Professor at all necessary to a clinical lecture; but I may say that the Visitors gave it as their opinion that I was not going too far when I considered that the lectures given in Galway did not come within the ordinary sense of the term clinical. Dr. Doherty states that he has *occasionally*, both in this and in former sessions, selected a case from the other hospitals. Dr. Cleland, however, acknowledged that Dr. Doherty has only once availed himself of the opportunity of selecting a case from the workhouse hospital, and that this was since I wrote to THE LANCET. Dr. Doherty's case is, indeed, beyond all doubt. He only seeks to palliate, not to deny it, and even in this he has not been very successful. Dr. Browne states that my father was the real author of the letter—a statement for which he had not the slightest grounds, and which is, moreover, utterly false. Dr. Browne then returns to the charge of rudeness against me. On questioning him, he stated that I had been habitually rude to him; but that neither when I saw him in the hospital nor on previous occasions had I ever uttered a single rude word to him; it was my manner and way of walking that was rude! Rather a comical accusation.

In Mr. Lupton's letter, he comments on one from me in your issue of the 26th ult., in which I state that as yet there has been no attempt at an investigation—that is, a searching inquiry before impartial judges totally unconnected with the Queen's University. He further states that at the time I wrote this I was aware that the Visitors were about to hold an investigation in a few days. Thence he argues that I intended either to charge the Visitors with a want of judicial impartiality, or else intended wilfully to mislead you and your readers. But the investigation I spoke of was one into the original charges, which the inquiry of the Visitors could not in any way affect.

Next comes a report from the Presidents of the Colleges of Surgeons and Physicians of Dublin—a document founded on personal inspection after due warning of the intended visit had been given to the College authorities. This report praises the cleanliness and good arrangements of the infirmary; states that that institution contained many valuable cases, exhibiting skilful treatment; it praises the courtesy of Dr. Browne. The same with regard to the other hospital, and finally it praises the College museums, &c., and so forth. In fact, a model report of a model institution. Of what use is this report to the College authorities? It states that some advantages existed at Galway, but it does not say how they were utilised—the most important part of the question, I think.

There is no use in asserting that the original charges have been investigated, for they have not. The only means by which they could be properly investigated would be a Government Commission, which could take all kinds of evidence, and compel witnesses to come forward on oath, with witnesses' expenses paid.

The continuance of the present discussion can be of no use whatever, except to waste time and take up your space. I have in the meantime got all I wanted. My time is too precious to continue a controversy with an enemy who will not give battle, and I shall therefore, in all probability, cease this correspondence.

I am, Sir, your obedient servant,

April, 1870. ANDREW S. MELVILLE.

*** We publish the above communication because we consider it only just that Mr. Melville should have an opportunity of stating what he has to advance in regard to himself and the late proceedings in connexion with him and the above College. We are unable, however, to find room for all the correspondence with which we have been favoured. We have already devoted a large amount of space to the subject, and can only regret that it has not been productive of more satisfactory and decided results. It is perfectly clear that, however much the College authorities may be satisfied with the recent investigation, our correspondents are far from being so. They contend that, in reality, little or no investigation has taken place, and that the statements made by Mr. Melville in regard to the very inadequate character of the clinical instruction remain uncontradicted in some respects, and confirmed in others. We see no reason for modifying anything we said last week. The case against the College was rather understated than the reverse. It is, however, only fair to add that Mr. Melville appears to have forwarded a letter to us before he knew of the intended extraordinary meeting of the Visitors; but its publication was delayed. We now take leave of the subject. It is one which concerns the character of the University; and, so far as the question of medical education is involved, it concerns the Medical Council.—ED. L.

A CHARITABLE APPEAL.

Dr. W. H. Tayler (Tudor House, Anerley, Surrey) requests us to state that a widow of a medical man, possessing much skill in colouring photographs, is desirous of employment in the art referred to. From the specimens of this lady's work which have been submitted to us, we can confidently recommend her as a tasteful colourist. Such of our readers as may be disposed to engage her services can forward their address to Dr. W. H. Tayler.

W. H. P. could not do better than bestow a careful perusal on the work of Dr. Combe, as re-edited by Sir James Coxe.

Mr. Wm. Holland.—We think it extremely unlikely that they will be abolished.

THE HYDRATE OF CHLORAL.

To the Editor of THE LANCET.

SIR,—I should be much obliged if any of your correspondents would furnish a suggestion for the exhibition of hydrate of chloral, in draught, in the most palatable way.

Yours obediently,

April 12th, 1870. A SUBSCRIBER.

Devoniensis.—We have seen the statement in the *Western Morning News*, that the medical officers of the South Devon and East Cornwall Hospital have drawn up and forwarded to the Managing Committee a report, setting forth the disadvantages of the present system of nursing, and suggesting means for its improvement. If the report is printed and circulated, as it ought to be, we hope to have an opportunity of expressing an opinion upon it.

Mr. Spencer Wells has responded promptly to our suggestion, that a distinct statement of his opinions on College politics should be laid before the Fellows, and we will publish his letter next week.

"TRUE AS A TOUCHER."

WE have received a copy of the *Barnsley Chronicle* of the 16th instant, containing the report of a discussion at the Barnsley Board of Guardians upon the disgustingly filthy condition of one of the districts of the union, and the consequent prevalence there of small-pox and fever. It seems that the district in question is under a local Board, the Chairman of which is one of the guardians for the union, and this gentleman avowed that the description given by the medical officer was "as true as a toucher"—whatever that may mean. The guardians evidently thought it rather odd that the Chairman of the local Board should calmly admit the existence of so dangerous a state of things, while he could advance no better reason for its continuance than that "they hadn't a staff for the work" of cleansing and so forth. Rather a cool way of managing matters would appear to prevail at this local Board, especially if it be considered that there are said to be forty cases of fever and small-pox in the place. If this should meet the eye of the Medical Officer of the Privy Council, these local authorities may possibly hear of something not very complimentary to themselves.

PUBLIC VACCINATION IN SOUTH LONDON.

To the Editor of THE LANCET.

SIR,—Under this head, in your journal of the 9th instant, you allude to a highly improper state of affairs in South London, and ask the question, "Who is to blame?" Allow me to say that you have only partially described the evil, which may be stated briefly to be, that in the crowded and poor parishes of Newington and St. George the Martyr, numbering nearly 150,000 inhabitants, there is now no public vaccinator under the Poor-law Board.

Your question will, I think, be answered by the following statement of facts:—In the course of last summer the Poor-law Board enclosed to the Newington Board of Guardians a recommendation of the Privy Council, that the parish (population about 90,000) should be consolidated into two vaccination districts, and asking the opinion of this Board on the proposal. After due consideration, especially by the medical members of the Board, an answer, unanimously agreed to, was returned that we considered the present division into four districts to be better for the interests of the poor and the promotion of vaccination. It was further recommended that if this arrangement would not be permitted, the Poor-law Board or Privy Council—whichever body it rests with—should at any rate allow us to have three districts; and it was at the same time pointed out that this would have the advantage of the vaccination districts being coterminous with those for registration. This, however, was negatived, and the guardians were informed that there must be only two districts and vaccinators for the whole parish. In the meantime the Poor-law Board had issued an order, annexing the parish to the St. Saviour's Union on and after October 1st, and transferring to the St. Saviour's Board the functions of the Newington guardians, who only continue in office for the purpose of winding up their accounts. Of course the contracts with their medical officers ceased from that date; but the guardians recommended that the former arrangements should continue until new ones could be settled.

A similar correspondence had been carried on between the Poor-law Board and the guardians of St. George the Martyr, where a similar condensation of districts was required by the central authority, and where the guardians entertained similar objections. This parish being also and at the same time annexed to the St. Saviour's Union, the correspondence was transferred to that Board of Guardians, who were directed to carry out these condensations, and at the same time to make other alterations in the medical and dispensary districts. This they proceeded to do, as well as the multifarious duties thrown upon them by this amalgamation of parishes into a monster Union, numbering about 160,000 inhabitants, would permit, and they were in negotiation for premises for district stations when suddenly they received a communication from the Poor-law Board, dated March 18th, upsetting their previous arrangements, and practically adopting the one formerly recommended by the Newington guardians—viz., dividing the parish into three districts, to one of which was attached a portion of St. George the Martyr. Curiously enough, not only do they adopt the arrangement which they formerly refused, but they do it for the very reason they formerly ignored when urged by the Newington guardians—viz., coterminosity with the registration districts.

You will thus see, Sir, that the Privy Council and the Poor-law Board only made up their minds finally (if it *be* finally), as to the vaccination arrangements to be adopted, in the middle of March, and that therefore, so far as they were concerned, this large section of the metropolis, containing 150,000 inhabitants, with small-pox already in their midst, was without a single public vaccinator; and you would naturally suppose that they would have gladly adopted *pro tem.* the arrangement of the guardians with the former vaccinators. However, at the end of the first quarter, when the bills of these gentlemen came in, the clerk having from long experience a wholesome doubt of the Poor-law Board, and dread of surcharges, asked permission of that Board before drawing the cheques. To every one's disgust, this permission was refused, on the ground that "the contracts with these gentlemen ceased on the 1st October last." The guardians remonstrated in indignant terms, pointed out the danger of such a dense and poor population being left without public vaccinators, and threw the responsibility upon the Poor-law Board.

I think, Sir, that you will now have no difficulty in answering your own question, "Who is to blame?" and that I have sufficiently shown it was *not* the guardians. They were quite powerless in the business. As a matter of form, their opinion of the arrangements proposed by the Privy Council was asked, and simply ignored with the most supreme indifference.

I am, Sir, your obedient servant,
WILLIAM S. CORFIS, M.D.,
Chairman of the Board of Guardians of St. Mary,
April, 1870. Newington.

J. M. (New Kennington Institute) is referred to THE LANCET of the 16th instant for a clear and conclusive refutation of the theory which forms the subject of his paper. Our correspondent is thanked for his communication; but the article in our last issue enables us to dispense with it.

An Inquirer.—There is no law against the holder of the particular licence embarking in trade. There is, however, the *lex non scripta* of medical ethics, which stigmatises the proceeding as highly unprofessional.

CERTIFICATION IN PAUPER LUNATIC CASES.

Dr. Smith, of Preston, gives particulars of a case of his, first as a private patient, and then as a pauper, in which the magistrate, Mr. Hewitt, a surgeon, called in, not Dr. Smith, but another medical man of the town, to certify. We approve, with Dr. Smith, that custom which gives the fees for certifying to the union surgeons, and we are sorry that the custom should on two occasions have been violated by a medical magistrate. As for the argument of interest influencing union surgeons, it could never be the interest of a union surgeon or any other medical practitioner to send an unfit case to an asylum.

Dr. James Troutbeck, (Carlisle.)—We should be glad to insert the paper unaccompanied by the plate; but reference is made to the latter in the description of the case.

PROFESSIONAL CONFIDENCE.

To the Editor of THE LANCET.

SIR,—The *Daily News* of April 12th, in its report of the case of Martin *versus* the Rev. John Jackson, which is now being tried in the Court of Arches, states that Mr. Griffin, a surgeon at Ledbury, gave evidence that Elizabeth Parry, a servant of the defendant's, consulted the witness three times, and that on the third occasion he accused her of being in the family-way, and said that he should inform her master and mistress of her condition, which he shortly afterwards did.

I read this passage with some surprise, as it does not appear that Mr. Griffin thought that he had been guilty of any violation of professional morality. I have always understood that when patients consult their medical advisers, they may place in them the same implicit confidence as a Roman Catholic does in his priest when he goes to confession. In the colony of Victoria, in which I resided for many years, the law expressly enacted that medical men, even when examined as witnesses, should not be compelled to disclose anything told them by their patients, except when the patient's sanity at the time was in question. How sacredly professional confidence is observed in the legal profession is shown by the silence which Dr. Lushington has maintained as to what passed between him and his client, Lady Byron, at the time of her separation from her husband, even although she has been dead for years.

Although in my own mind I have no doubt as to the rule of the medical profession, yet probably the public may desire to have some authoritative statement upon the subject. If a man suffering from gonorrhœa or syphilis consults his usual medical attendant, is he liable to have his secret made known to his father or his wife, as the case may be? And if the want of chastity on the part of a man is not to be made known, is there to be a different rule in the case of an unchaste young woman? Of course if there were any reason to apprehend that infanticide is about to be committed, a medical man might be justified in making known the state of his patient; but it does not appear from the report in the newspapers that Mr. Griffin acted as he did from any apprehension of this kind. He may certainly say that he did not reveal anything that his patient told him, but merely what he had observed, as he swore that she would not admit to him that she was pregnant. I trust, however, that so subtle a distinction will not be countenanced by the medical profession; for if she had not consulted him professionally, and described her symptoms, he would have had no opportunity of observing her condition.

Should you think proper to publish this letter, I shall be glad if it should lead to some explanation from Mr. Griffin, which will place his conduct in a different light from that in which it at present appears, assuming the correctness of the report in the *Daily News*.

I am, Sir, your obedient servant,
April 13th, 1870. A BARRISTER.

Public Vaccinator may consult Marson's article on Small-pox in Reynolds's System of Medicine; and also the Parliamentary Blue-book, "Papers relating to the History and Practice of Vaccination." Bousquet's is the only work of a general character besides those of Drs. Seaton and Ballard, and it is a quarter of a century old.

Mr. John G. Watson.—The practice should only be resorted to under exceptional circumstances, as it is not altogether free from danger, and it does not always succeed when tried.

THE CONVICT RUTTERFORD.

To the Editor of THE LANCET.

SIR,—As I understand very erroneous reports have been circulated regarding the opinion given by Dr. Briscoe, the Inspector of Prisons, appointed by the Home Secretary to report on the case of the convict Rutterford, I think it is due to Dr. Briscoe, no less than to myself, that his correct opinion should be known. I beg, therefore, that you will publish the enclosed letter written by him on the morning after his visit to Bury.

I am, Sir, yours faithfully,
ROBERT MACNAB, M.D., F.R.C.S. Ed.,
Surgeon to the County Gaol, and to the Suffolk General Hospital.
Bury St. Edmunds, April 12th, 1870.

[TRUE COPY.]
12, Wimbledon-park-road, South-fields, S.W.,
April 7th, 1870.

MY DEAR SIR,—After leaving you I thought very anxiously and deeply on the subject of the proposed execution of Rutterford, and I arrived at the conclusion that it would be a matter of considerable difficulty on the part of the executioner so to apply the noose of the rope as to ensure its encircling the neck without also including the lower jaw; and as such a very probable accident occurring would lead to a frightful scene and a lingering death, I have made a report to this effect in detail to the Home Secretary, and also had an interview with him and the Under-Secretary on the subject.

By a happy chance the man might be successfully hanged; but it would be leaving too much to the capability and intelligence of the hangman to risk the above probable result. Yours very truly,
Dr. Macnab, Bury St. Edmunds. HENRY BRISCOE.

THE PENAL CLAUSES IN THE MEDICAL ACT.

Mr. Sydney Chidley's letter has been duly received. We do not believe that the clause in the present Government Bill would meet the case he narrates. We shall endeavour to bring the point under the notice of those who may have the opportunity of embodying it in the present or some better Bill.

A Graduate in Arts and Medicine explains that the term "amalgamation of hospitals scheme," in his recent letter, refers to the establishment of a Medical University, formed by the union of our several hospitals under regular College management.

Inquirens.—There is no Latin verb "Enquiro -avi." Dr. Austin Flint's treatise, with those of Drs. Tuke and Bucknill and Dr. Handfield Jones, will suit our correspondent's purpose.

MEDICAL ETHICS AND MEDICAL REFEREES OF INSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your insertion of the enclosed correspondence in your next issue, with your opinion on the subject.

I remain, Sir, your obedient servant,

Sunderland, April 16th, 1870. C. F. NURSEY.

10, Nicholson-street, Sunderland, Saturday Evening.

DEAR SIR,—I was greatly astonished on calling on my patient, Jno. S——, of East-street, yesterday morning, to find that you had in my absence paid him a professional visit, and that you had removed the splints and bandages from his leg. Had you made inquiry you would have found that I was in attendance; and had I been informed by you of your desire to see the case, I should have been only too happy to have given you every assistance in my power.

I feel sure you would think it strange and unprofessional on my part were I to act as you have done in this case.

I am, dear Sir, yours truly,

E. H. Maling, Esq. C. F. NURSEY.

Esplanade, Sunderland, 5th April, 1870.

DEAR SIR,—I am in receipt of your note, and regret to find you should have taken any umbrage at my visit to your patient, Jno. S——, and have regarded it in any way as an unprofessional act.

As medical referee to the Accidental Assurance Co., in which he is insured, it was necessary for me to see him, that I might be able to certify the nature of his injury to enable him to recover compensation. I in no way interfered with your treatment, or made any comments upon it, and it was not necessary I should see you. Yours truly,

C. F. Nursey, Esq., Surgeon. E. H. MALING.

10, Nicholson-street, Sunderland, 7th April, 1870.

DEAR SIR,—Your note of the 5th instant reached me yesterday evening. I never charged you with interfering with the treatment in Jno. S——'s case. What I complained of was, that you in my absence paid him a professional visit, removed the splints and bandages from his leg, and examined it. I cannot for one moment see what your appointment as medical referee to the Accidental Assurance Company has to do with the question at issue.

When I first wrote you, I fully thought you were well aware that no justification exists for one practitioner seeing the patient of another in his absence, except under circumstances of sudden and urgent necessity; and I did hope that you would readily see and acknowledge your error, instead of ending your note to me that it was not necessary you should see me. On considering the subject again, I feel sure you will favour me with the necessary apology. I am, dear Sir, yours truly,

E. H. Maling, Esq. C. F. NURSEY.

10, Nicholson-street, Sunderland, 12th April, 1870.

SIR,—I beg to remind you that my note to you of the 7th instant remains unanswered; consequently I shall publish the correspondence in the medical journals. Yours truly,

E. H. Maling, Esq. C. F. NURSEY.

*** There can be only one opinion as to the right of our correspondent to feel aggrieved in this case. To see the case of another medical man in his absence is an error even in the referee of an Insurance Office; but to take splints and bandages off is an error which we cannot understand Mr. Maling committing; much less can we understand his defending it. He should have seen the patient in company with the medical attendant.—ED. L.

WE have received a letter from *T. B., jun.* on the determining cause of the sex of the child, which contains the following remarkable statement:—"From many inquiries I have made among my married friends, I have no hesitation in saying that when men are in the habit of sleeping on the right side of their wives, they beget male children; and when on the left, female." We would propound to our correspondent the two following questions:—First. How is the variation of sex in the same family to be accounted for? Secondly. How is the variation of sex amongst animals explicable on his hypothesis?

THE MEDICAL REFORM QUESTION AT MANCHESTER.

THE *Free Lance* has reached us, and we are glad to be assured that the general press takes an interest in the great questions of medical reform, which have recently been very ably debated at Manchester.

Deputy Inspector-General Dr. Menzies' pamphlet on a "Bonus Scheme for accelerating Promotion in the Army Medical Department" shall have our attention.

Mrs. Henry Kingsley asks us to state that forms for petitioning Parliament in favour of opening our medical schools to women may be had on application to her at Morningside, Edinburgh.

J. H. W., (Faringdon.)—Our correspondent might make inquiry of Mr. Byers, Lunatic Asylum, Bow.

Anxious Inquirer.—There is no special asylum; but in all well-appointed institutions for the insane, such patients as our correspondent describes are carefully and often successfully treated.

L. O. P. W. is thanked. The letter ought to be framed as a model of the quack's epistolary style.

J. T. D.—The Lock Hospital, Paddington.

CHEAP DOCTORING.

To the Editor of THE LANCET.

SIR,—Will you permit me to make a suggestion in furtherance of Dr. Hooper's very sagacious advice on the above subject, which appeared in your columns of last week.

While the working man eschews cheap practitioners, and, above all, those who degrade the medical profession to the level of "the most petty and paltry trade in existence," he should be encouraged to drop the coin, which would otherwise fall into the clutches of the charlatan, into the box at the dispensary door. Some years ago I founded the special hospital for children at Bristol, under the name of the "Free Institution for Diseases peculiar to Women and Children." At the end of six months, having prescribed for and given medicines to as many as seventy patients in a week—Mr. Henry Ormerod, of Westbury-on-Trym, my colleague at the time, I believe, prescribed for seventy-five,—the average being something like fifty, I paid off the debt, and gave the institution to the public. Subsequently the Committee, with my approval, permitted the patients to contribute one penny each time of attendance. The result was a preservation of their sense of self-help and independence. Might not some plan of this kind be adopted more generally? Dr. Carter, one of the physicians to the present hospital in Bristol, would be able to tell your readers how successfully the institution crept up with this element of popularity until it has become a small hospital. Yours respectfully,

April 18th, 1870. MORTIMER GRANVILLE.

To the Editor of THE LANCET.

SIR,—My attention has been called to a letter in your last impression from Dr. Hooper, one of the physicians of the Surrey Dispensary. He acknowledges having three dispensaries under his charge. Now, it is well known that no medical man can live under the shadow of such institutions, the most indiscriminate indulgence being shown in the persons prescribed for. Mechanics with 50*s.* a week wages, all the small shopkeepers, women in confinement (whose husbands receive salaries superior to clergymen),—all are drawn into this "delusion and a snare." They are prescribed for at the rate of forty an hour, have to wait hour upon hour before released with medicine; and the practitioners who give necessarily cheap advice, and attend the poorest, who ought to receive the benefits of these very institutions, are beslimed by such expressions as Dr. Hooper's against the Poor-law doctors and all others in the neighbourhood.

The advice-gratis system at the hospitals and dispensaries has outgrown all legitimate bounds, and I trust the very excellent Committee appointed to investigate the subject will recommend such conditions as will shut up men holding three or even four antagonistic institutions to our profession, and, by opening them free without letters from Governors, compel the non-needy to seek advice from their legitimate attendants wherever they may reside. Yours faithfully,

April, 1870. CAMBERWELL.

OWING to a great pressure on our advertising columns, the insertion of many advertisements is unavoidably postponed until next week.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Murchison; Prof. Struthers, Aberdeen; Dr. McCall Anderson; Mr. Spencer Wells; Dr. Cobbold; Rev. Mr. Willis; Mr. Richardson; Dr. Taylor, Anerley; Mr. John Foster; Dr. Buchanan, Glasgow; Dr. Pitman; Dr. Donkin, Sunderland; Mr. Chidley; Mr. Spring, Uppingham; Dr. Wood, Oakham; Dr. Lush, Weymouth; Mr. Rickards; Dr. Williams, Denbigh; Dr. Jay; Mr. W. Marshall; Mr. Benson; Dr. W. Smith; Mr. Salmon; Mr. Haynes, Dublin; Mr. Grave, Middlesborough; Mr. Lawrence; Mr. J. Whitefield, Canterbury; Dr. Phillips; Mr. Aldred, Leeds; Mr. Abbey, Huddersfield; Mr. R. Stevens; Mr. Toller; Dr. Lowndes, Walker-on-Tyne; Mr. Fennell, Ware; Mr. French, Saffron Walden; Mr. Keevill, Bedford; Dr. Styrap; Dr. Rayner, Huntspill; Dr. Macnab, Bury St. Edmunds; Mr. W. Brown; Mrs. Kingsley, Moraingside; Mr. Mitchell; Mr. Dagliah, New Romney; Dr. Thorp, Maldon; Mr. Sloman, Farnham; Dr. Harmer, Hawkhurst; Mr. Chippendale, Kensington; Dr. J. B. Hicks; Mr. Holland; Dr. Boyer; Dr. Haining, Chester; Mr. Bowes, North Crawley; Mr. Davies; Mr. Owen, Birmingham; Dr. Wemyss, Edinburgh; Mr. Begg; Mr. Hyslop, Shrewsbury; Dr. Campbell, Dundee; Dr. Page, Darlington; Mr. O. Pemberton; Dr. Vansant, New York; Mr. Cowen; Mr. Balmer; Mr. Newman Clarke; Mr. Lascelles; Dr. Hitchman; Mr. Bradby; Mr. Hopkins; Mr. S. Adams, Birmingham; Dr. Weaver; Mr. Banks; Dr. Woodward; Dr. Stephens; Dr. Fryer; Mr. Davies, Llanbythor; Mr. Medd; Mr. Evans, Llandovery; Mr. Newman; Mr. Nicholls, Gunnislake; Mr. Ryall; Mr. Lever; Dr. Frain, South Shields; Mr. Bagshaw; Mr. Charles; Dr. Lester, Ashton; Mr. Davis; Mr. Gardener; Dr. Troutbeck, Carlisle; Mr. Harris; Dr. Fenn, Nayland; Dr Bouchardt; Mr. Watson; Mr. G. A. Brown, Tredegar; Mr. Nursey, Sunderland; Dr. Purdon, Birkenhead; Mr. G. Parry, King's Lynn; Mr. Ebsworth; L.R.C.P. Edin.; Nemo; A Barrister; Medicus; J. H. W.; An Epsomian in General Practice; W. H. P.; Veritas; Public Vaccinator; Enquirens; J. B.; W. L.; Camberwell; Anxious Enquirer; C. H.; M. B.; Be Just and Fear not; L. O. P. W.; A. B.; &c. &c.

Brighton Gazette, Bradford Daily Telegraph, Edinburgh Review, Welshman, South Bucks Free Press, Scarborough Gazette, Lincolnshire Chronicle, Bradford Times, Bucks Herald, Barnsley Chronicle, Westminster Review, Allahabad Pioneer, Wrexham Guardian, Bradford Observer, Leeds Times, Glasgow Herald, Portsmouth Times, and *North Wales Chronicle* have been received.